

THIS IS A DRUG FREE WORKPLACE

Name

LAST FIRST MIDDLE

Address

STREET ADDRESS
CITY STATE ZIP

Primary phone

()

Email Address:

James Martin Associates, Inc. is an equal opportunity employer and does not discriminate against otherwise qualified applicants on the basis of race, color, creed, religion, ancestry, age, sex, marital status, national origin, disability or handicap, or veteran status.

We request that each question be answered in a complete and accurate manner. State "N/A" if a question is not applicable.

PERSONAL INFORMATION (PLEASE PRINT)

Date of Application Position(s) Applied For

On what date would you be available for work? Salary Expectation

Are you now, or do you expect to be, working in any other business or job? Yes No

Are you available to work Full-time Part-time Weekends Temporary Summer

If under 18 years of age, can you provide proof of eligibility to work? Yes No

Times available for work (please indicate whether "a.m.", "p.m.", or "any")

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

How were you referred to us?

Have you submitted an application here before? Yes No If yes, date/location

Have you ever been employed here before? Yes No If yes, date/location

Why do you desire to make a change?

Are you on a layoff and subject to recall? Yes No

PERSONAL INFORMATION (CONTINUED)

Have you ever been discharged or requested to resign from a position? Yes No

If Yes, explain:

Please complete the following two questions if the position you are applying for requires you to drive:

Do you hold a valid driver's license if position requires? Yes No List State

List three things that are important to you in a work environment
1) 2) 3)

List three characteristics that best describe you
1) 2) 3)

Why do you want to work here?

Special Skills and Qualifications

Summarize special skills and qualifications acquired from employment or other experience

List professional, trade, business or civic activities and offices held (you may exclude organizations that indicate race, color, religion, national origin, disability, or other protected status)

Computer skills (list programs and proficiency level) _____

What languages do you speak and/or write fluently? _____

FULL EMPLOYMENT HISTORY (Must be completed even when accompanied by resume)

Start with your present or last job. Include ALL assignments and positions held. Be specific about information and dates.

A COMPLETE WORK HISTORY MUST BE PROVIDED. ALL EMPLOYMENT "GAPS" MUST BE LISTED.

Current/Most Recent Employer	Summary of Work Performed And Job Responsibilities	
Job Title		
Supervisor		
Nature of Business	Phone:	
Address (Street, City, State)	Dates Employed	
	From (Mo/Yr) /	To (Mo/Yr) /
Resigned <input type="checkbox"/> Terminated <input type="checkbox"/> Still employed <input type="checkbox"/> May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Reason for Leaving	

Current/Most Recent Employer	Summary of Work Performed And Job Responsibilities	
Job Title		
Supervisor		
Nature of Business	Phone:	
Address (Street, City, State)	Dates Employed	
	From (Mo/Yr) /	To (Mo/Yr) /
Resigned <input type="checkbox"/> Terminated <input type="checkbox"/> Still employed <input type="checkbox"/> May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Reason for Leaving	

Current/Most Recent Employer	Summary of Work Performed And Job Responsibilities	
Job Title		
Supervisor		
Nature of Business	Phone:	
Address (Street, City, State)	Dates Employed	
	From (Mo/Yr) /	To (Mo/Yr) /
Resigned <input type="checkbox"/> Terminated <input type="checkbox"/> Still employed <input type="checkbox"/> May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Reason for Leaving	

Education Information

SCHOOLING	NAME OF SCHOOL	YEARS COMPLETED	DEGREE RECVD/ MAJOR SUBJECT	LOCATION	DID YOU GRADUATE
GRAMMAR OR HIGH SCHOOL					
TRADE BUS OR CORRESPONDENCE					
COLLEGE					
GRADUATE SCHOOL					

References

Please provide names of 3 peers, 3 managers, and 3 personal individuals willing to provide character or professional references.

NAME	CITY/STATE	PEER/MANAGER/PERSONAL	PHONE	BUSINESS/OCCUPATION

Agreement

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge and authorize James Martin Associates, Inc. to verify their accuracy and to obtain reference information on my work performance. I hereby release James Martin Associates, Inc. from any/all liability of whatever kind and nature which, at any time, could result from obtaining and having an employment decision based on such information.

I hereby authorize James Martin Associates, Inc. to contact any company or individual it deems appropriate to investigate my employment history, character and qualifications and I give my full and complete consent to their revealing any and all information they wish as a result of this investigation. In addition, I further release from liability any of those sources of information including former employers, holders of public records and criminal or driving records who provide such information.

I understand that should an employment offer be extended to me and accepted that I will fully adhere to the policies, rules and regulations of employment of the James Martin Associates, Inc. I understand that the taking of drug and alcohol tests, when given pursuant to company policy, are a condition of continued employment and refusal to take such tests when asked will be grounds for my immediate termination. However, I further understand that neither the policies, rules, regulations of employment nor anything said during the interview process shall be deemed to constitute the terms of an implied employment contract. I understand that any employment offered is for an indefinite duration and at will and that either I or the Employer may terminate my employment at any time with or without notice or cause.

SIGNATURE OF APPLICANT

DATE