

An Application for Employment with:

CJS Companies

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital, veteran, and/or any other legally protected status.

Full Name:		Date:	
Address:		S.S #: - -	
City:	State:	Zip:	Tel: () - Cell: () - Email:
Have you ever used another name (i.e. maiden name)? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Name and Date used:			
Please check here if you are 18 years of age or older <input type="checkbox"/>			
I attest, under penalty of perjury, that I am (check one of the following): <input type="checkbox"/> A citizen or national of the United States <input type="checkbox"/> A Lawful Permanent Resident (Alien # A_____) <input type="checkbox"/> An alien authorized to work until ____/____/____ (Alien # or Admission #_____)			
Date available for work:		Referred by:	
Position desired:		Salary desired:	
Have you ever been employed by CJS Companies before? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Year and Supervisor:			
Do you have any relatives who are employed by CJS? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Name and Relationship:			
Are you currently on "Lay-off" status and subject to recall? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Can you travel if a job requires it? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Can you work overtime if required? <input type="checkbox"/> Yes <input type="checkbox"/> No			
List skills, specialties, training, licenses or certificates:			

Do you have a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No		**NOTE: We obtain driver abstracts on all new employees.	
Drivers License No:		State:	
Expiration Date		CDL Classification:	
Do you have any restrictions on your driver's license now? <input type="checkbox"/> Yes <input type="checkbox"/> No			
In Case of Emergency, Please Contact:		Phone No:	
Name: Relationship:		() -	
Ethnic Background (Optional): <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> African American <input type="checkbox"/> Asian <input type="checkbox"/> Native American <input type="checkbox"/> Other			

Employment History

Please give accurate full time and part time employment records. Start with your **current or most recent** employer.

1	Company:	Phone No: ()
	Address:	From: To:
		Last Pay:Hourly/Salary:
	Name of Supervisor:	Reason For Leaving:
	Title & Duties:	
	May we contact this company for employment verification? <input type="checkbox"/> Yes <input type="checkbox"/> No	
2	Company:	Phone No: ()
	Address:	From: To:
		Last Pay:Hourly/Salary:
	Name of Supervisor:	Reason For Leaving:
	Title & Duties:	
	May we contact this company for employment verification? <input type="checkbox"/> Yes <input type="checkbox"/> No	
3	Company:	Phone No: ()
	Address:	From: To:
		Last Pay:Hourly/Salary::
	Name of Supervisor:	Reason For Leaving:
	Title & Duties:	
	May we contact this company for employment verification? <input type="checkbox"/> Yes <input type="checkbox"/> No	

BUSINESS REFERENCES		
Please give the name, address and telephone numbers of five (5) business references (please let these people know that we will be contacting them for information):		
NAME/TITLE	COMPANY	PHONE NUMBER
		()
		()
		()
		()
		()

APPLICANT'S STATEMENT

I certify that all statements I have made in this application are true and agree that any misrepresentations or omission of facts may result in cancellation of my application for employment or immediate dismissal. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. **I further authorize any and all necessary reference and background checks and give permission for CJS Companies, and all its affiliated companies, and the agent acting on their behalf, to obtain a current or future abstract of my driver's license.**

I understand that CJS Companies has a Drug Alcohol and Substance Use/Abuse policy and that any offered employment is conditional upon successful passing of a drug, controlled substance and alcohol-screening test.

This application for employment shall be considered active for a period of time not to exceed forty-five (45) days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

The applicant understands that neither this document nor any offer of employment from the employer constitutes an employment contract unless a specific document to that affect is executed by the employer and employee in writing.

In the event of employment, I understand that false or misleading information given in application of interview(s) may result in discharge. I understand also that I am required by all rules and regulations of the employer. I understand that my employment and compensation can be terminated, with or without cause, and with or without notice at any time, at the option of either the company or myself.

***NOTE: ANY APPLICATION NOT FILLED OUT IN ITS ENTIRETY WILL NOT BE CONSIDERED.**

SIGNATURE: _____ **DATE:** _____

FOR PERSONNEL DEPARTMENT USE ONLY		
Arrange Interview? <input type="checkbox"/> Yes <input type="checkbox"/> No	Interviewer:	Date:
Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Salary \$ hour / week	Date:
Department:	Title:	
REMARKS:		