

C.A. JONES

Management Group, LLC

Employment Application

Personal data – Complete in detail even if resume has been or is being submitted.				
Last Name	First Name	Middle Initial	Social Security #	
Street Address			Telephone #	
City	State	Zip Code		
Position Applied For			Date Available	
Are you available to work ?		Shift Preference		
<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary Assignment		<input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd		
Referral Source				
<input type="checkbox"/> Classified Advertisement _____ <input type="checkbox"/> Friend <input type="checkbox"/> Relative <input type="checkbox"/> Employment Agency <input type="checkbox"/> Internet Advertisement _____ <input type="checkbox"/> Job Service <input type="checkbox"/> Other Name of referral (agency, friend, relative, etc.) _____				
Do you have any relative employed by C.A. Jones Management Group, LLC? If so, name and relationship. _____				
Have you ever been employed by C.A. Jones Management Group LLC before? If yes, give date and location. <input type="checkbox"/> No <input type="checkbox"/> Yes				
Are you a citizen or national of the U.S. or an alien lawfully admitted to permanent residence, or an alien authorized to work in the U.S.? If hired, you must present evidence of identity and employment eligibility. <input type="checkbox"/> No <input type="checkbox"/> Yes				
Have you ever been convicted of a felony? <input type="checkbox"/> No <input type="checkbox"/> Yes (Candidate will not automatically be ruled out due to a yes response.)				
U.S. Military Service				
Have you served as a member of the armed forces of the U.S.? If yes, complete the following. <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes				
Entry Date	Discharge Date	Branch	Discharge Type*	Last Rank
Major Duties				
Specialized Training				

Experience – Complete in detail even if a resume has been submitted.

List all former employers, beginning with the present or most recent and working back to your first employer. Use an additional sheet of paper, if necessary, to complete this listing.

1	Name of employer	Phone No.	Starting date (mo./yr.)	Starting Salary
	Address		Leaving date (mo./yr.)	Leaving Salary
	Job title and duties			
	Reason for leaving		Supervisor's name/title	
2	Name of employer	Phone No.	Starting date (mo./yr.)	Starting Salary
	Address		Leaving date (mo./yr.)	Leaving Salary
	Job title and duties			
	Reason for leaving		Supervisor's name/title	
3	Name of employer	Phone No.	Starting date (mo./yr.)	Starting Salary
	Address		Leaving date (mo./yr.)	Leaving Salary
	Job title and duties			
	Reason for leaving		Supervisor's name/title	
4	Name of employer	Phone No.	Starting date (mo./yr.)	Starting Salary
	Address		Leaving date (mo./yr.)	Leaving Salary
	Job title and duties			
	Reason for leaving		Supervisor's name/title	
5	Name of employer	Phone No.	Starting date (mo./yr.)	Starting Salary
	Address		Leaving date (mo./yr.)	Leaving Salary
	Job title and duties			
	Reason for leaving		Supervisor's name/title	

Education - complete in detail even if a resume has been or is being submitted

School Name	Address & Phone No.	Scholastic Average	Major/Minor	Degree/Certificate
High School				
Extra-curricular activities				
College(s)				

Extra-curricular activities				
Graduate school(s)				
Thesis/Doctoral Dissertation (if applicable)				
Technical school/business school/others				
Course(s)				
List academic honors, prizes, scholarships and fellowships.				
General Information				
Are you willing to relocate? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you willing to travel? <input type="checkbox"/> Extensive <input type="checkbox"/> Limited <input type="checkbox"/> Not at all		
Professional societies or organizations to which you belong				
Professional licenses/certifications				
Have you ever entered into any employment or other confidentiality agreement that could limit the scope of your employment at C.A. Jones Manamagement Group, LLC? If yes, please provide details. <input type="checkbox"/> No <input type="checkbox"/> Yes				
Please list any inventions or publications you are responsible for, or any patents you own (if none, write none).				
List any foreign languages you can speak and understand.				
Professional/business references				
Name	Address	Phone No.	Occupation	
Name	Address	Phone No.	Occupation	
Name	Address	Phone No.	Occupation	

Information to the applicant: As part of our procedure for processing your application, your personal employment references may be checked. If you have misrepresented or omitted any facts on this application, and are subsequently hired, you may be discharged from your job. You may make a written request for information derived from the checking of your references.

If necessary for employment, you may be required to: supply proof of authorization to work in the US, have a physical examination and/or drug test, or to sign a confidentiality agreement and abide by its terms.

I understand and agree to the information shown above:

Signature: _____ **Date:** _____