

# APPLICATION FOR EMPLOYMENT

## JEFCOAT FENCE COMPANY

**PERSONAL INFORMATION**

DATE OF APPLICATION \_\_\_\_\_

NAME \_\_\_\_\_  
LAST FIRST MIDDLE

SOCIAL SECURITY NUMBER \_\_\_\_\_

PRESENT ADDRESS \_\_\_\_\_  
STREET CITY STATE ZIP CODE

PHONE NUMBER \_\_\_\_\_ CELL PHONE NUMBER \_\_\_\_\_

ARE YOU ELLIGIBLE TO WORK IN THE USA? \_\_\_\_\_ CAN YOU PROVIDE PROOF? \_\_\_\_\_

DO YOU HAVE A VALID DRIVER'S LICENSE? \_\_\_\_\_ WHAT STATE? \_\_\_\_\_ CDL OR REGULAR? \_\_\_\_\_

DRIVER'S LICENSE # \_\_\_\_\_ IF YOUR FRIENDS DESCRIBED YOU, WHAT ARE SOME WORDS THEY MIGHT p  
 USE? \_\_\_\_\_ HOBBIES? \_\_\_\_\_

**EMPLOYMENT DESIRED**

POSITION \_\_\_\_\_ DATE YOU CAN START \_\_\_\_\_ SALARY DESIRED \_\_\_\_\_

ARE YOU EMPLOYED? \_\_\_\_\_ IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? \_\_\_\_\_

HAVE YOU EVER BEEN PREVIOUSLY EMPLOYED WITH THIS COMPANY? \_\_\_\_\_ IF SO WHEN? \_\_\_\_\_

EDUCATION	NAME AND LOCATION OF SCHOOL	YEARS ATTENDED	DATE GRADUATED	SUBJECTS STUDIED
GRAMMAR SCHOOL	_____	_____	_____	_____
HIGH SCHOOL	_____	_____	_____	_____
COLLEGE	_____	_____	_____	_____
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL	_____	_____	_____	_____

**GENERAL**

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK \_\_\_\_\_

WHAT FOREIGN LANGUAGES DO YOU SPEAK FLUENTLY? \_\_\_\_\_ READ \_\_\_\_\_ WRITE \_\_\_\_\_

MILITARY SERVICE \_\_\_\_\_ RANK \_\_\_\_\_ DATES \_\_\_\_\_ PRESENT MEMBERSHIP IN NATIONAL GUARD OR RESERVES \_\_\_\_\_

**PHYSICAL RECORD**

CAN YOU LIFT AND CARRY AT LEAST 50 LBS? \_\_\_\_\_

HAVE YOU EVER BEEN INJURED? \_\_\_\_\_ GIVE DETAILS: \_\_\_\_\_

DO YOU HAVE ANY DEFECTS IN HEARING? \_\_\_\_\_ IN VISION? \_\_\_\_\_ IN SPEECH? \_\_\_\_\_

IN CASE OF EMERGENCY NOTIFY \_\_\_\_\_

NAME ADDRESS

RELATIONSHIP OF CONTACT PHONE NUMBER

**FORMER EMPLOYERS** (LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH LAST ONE FIRST)

MONTH AND YEAR	NAME AND PHONE # OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				

**REFERENCES:**

GIVE BELOW THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

NAME	ADDRESS	PHONE NUMBER	YEARS KNOWN
1.			
2.			
3.			

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. I UNDERSTAND THAT MISREPRESENTATION OR OMISSION OF FACTS CALLED FOR IS CAUSE FOR DISMISSAL, FURTHER, I UNDERSTAND AND AGREE THAT MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY BE TERMINATED AT ANY TIME WITHOUT ANY PREVIOUS NOTICE.

DATE: \_\_\_\_\_ SIGNATURE \_\_\_\_\_

INTERVIEWED BY \_\_\_\_\_ DATE \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE**

**REMARKS:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

NEATNESS \_\_\_\_\_ CHARACTER \_\_\_\_\_

PERSONALITY \_\_\_\_\_ ABILITY \_\_\_\_\_

HIRED \_\_\_\_\_ DEPT \_\_\_\_\_ POSITION \_\_\_\_\_ WILL REPORT \_\_\_\_\_

SALARY OR WAGES (AMOUNT) \_\_\_\_\_ APPROVED BY: \_\_\_\_\_

THIS FORM HAS BEEN DESIGNED TO COMPLY WITH STATE AND FEDERAL FAIR EMPLOYMENT PRACTICE LAWS PROHIBITING DISCRIMINATION ON THE BASIS OF AN APPLICANT'S SEX OR MINORITY STATUS. QUESTIONS DIRECTLY OR INDIRECTLY REFLECTING SUCH STATUS HAVE BEEN INCLUDED ONLY WHERE NEEDED TO DETERMINE A BONAFIDE OCCUPATIONAL QUALIFICATION OR FOR OTHER PERMISSABLE PURPOSES, SUCH QUESTIONS ARE APPROPRIATELY NOTED ON THE APPLICATION, NOT WITHSTANDING THESE EFFORTS. THE MANUFACTURER OF THIS FORM ASSUMES NO RESPONSIBILITY AND HEREBY DISCLAIMS ANY LIABILITY FOR INCLUSION IN THIS FORM, OF ANY QUESTIONS UPON WHICH A VIOLATION OF STATE AND FEDERAL FAIR EMPLOYMENT PRACTICE LAWS MAY BE BASED.