



APPLICATION FOR EMPLOYMENT

Referred By: _____

Applicant Information

Qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of a non-job related medical condition or handicap.

Full Name: _____ Date: ____/____/____
First Name Middle Initials Last Name

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: () _____ Alternate Phone: () _____

Drivers License Number: _____ Social Security No.: _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for this company? YES NO If so, when? _____

Have you ever been convicted of a felony? YES NO If so, Explain? _____

Do You Smoke YES NO

Education

High School/GED: YES NO College: YES NO Trade School: YES NO

Emergency Information

Full Name: _____ Relationship: _____ Phone: () _____

Full Name: _____ Relationship: _____ Phone: () _____

Tax Information

Sex: Male Female Marriage Status: Single Married Divorced Widower Date of Birth: ____/____/____

School District Code: _____ School District: _____

State Exemptions: _____ Federal Exemptions: _____ Extra Withholding: \$ _____

Employment Information

Shift Preference: 1st Shift 2nd Shift 3rd Shift No Preference
Classification: Office General Labor Skilled Labor
Part Time Only

Can Start Immediately: Desired Rate/Wage \$: _____ Will You Consent to a Drug Test:

Are You Currently Employed: OK To Contact Current Employer:

Special Skills:

Previous Employment

Company: _____ Phone: () _____

Address: _____
Street Address City State Zip

Job Title: _____ Pay Rate/Salary: \$ _____ Supervisor: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: () _____

Address: _____
Street Address City State Zip

Job Title: _____ Pay Rate/Salary: \$ _____ Supervisor: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: () _____

Address: _____
Street Address City State Zip

Job Title: _____ Pay Rate/Salary: \$ _____ Supervisor: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Please Read

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. Also I understand that before I can be hired by Jay-Bird Temps, Inc., I must take and pass a drug test and sign a consent and release form relating to the administration of the drug test. I further understand that my refusal to take either the drug test or sign the form results in my being ineligible for employment with the company.

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

I understand the Jay-Bird Temps, Inc. is a temporary staffing agency and that employment can be terminated at any time without notice or cause.

Signature: _____ Date: _____