



EMPLOYMENT APPLICATION

The Company is an Equal Opportunity Employer and will not discriminate on any legally recognized basis, including but not limited to race, age, color, religion, sex, gender or gender identification, sexual orientation, marital status, national origin, citizenship, ancestry, disability (physical and/or mental), veteran status, or any other legally protected basis.*

EMPLOYMENT DESIRED

Position applying for: _____ Date of Application: _____
 If hired, on what date can you start work? _____ Salary desired: _____

Are you applying for: Full-time work? Yes No Part-time work? Yes No
 Temporary work, e.g., summer or holiday work?..... Yes No

How Did You learn of this Opening: Newspaper ad _____ Employment Agency _____ Friend _____ Relative _____
 Walk in _____ Internet _____ Other _____

GENERAL INFORMATION

Last Name: _____ First Name: _____ Middle: _____
 Other names by which you have been known (or other information to enable a check on your work and education record):

Present Street Address: _____ City/Zip Code: _____
 Home Phone: _____ Cell Phone: _____

Have you been employed here before? Yes No Date(s) _____
 What position did you hold _____ Supervisor: _____
 Reason for Leaving: _____

Do you have any friends or relatives working for the company? Yes No If yes, state names(s) and relationship:

 Name Relationship

 Name Relationship

If under 18 years of age, can you provide a work permit, if hired? Yes No Not Applicable
 If offered employment, can you provide verification of your legal right to work in the United States Yes No

Have you ever been convicted of criminal offense (a felony or serious misdemeanor)? Conviction of a marijuana related offense that is more than two years old need not be disclosed. Yes No If "YES" please state the nature of the crime, the date of conviction, where the conviction occurred (county) and the disposition of the case:

(Note: Conviction is not an automatic bar to employment. Each case will be considered on its own merits.)

*The applicant does not have to provide any information that would reveal race, color, age, sex, religion, natural origin, disability, veteran status or other protected category.

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List membership in professional (job related) organizations, groups, clubs, etc., which you wish to disclose (Please omit those which indicate your race, religion, color, national origin, ancestry, sexual orientation or age): _____

State branch of military service in the U.S. Armed Forces: _____

Dates of Service: _____

Have you obtained any special skills or abilities as a result of service in the military? Yes No

If so, describe: _____

Is there any reason why you would be unable to perform or to safely perform any of the essential functions of the position for which you have applied, (**job description attached**)? Yes No If "Yes," please explain: _____

(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination, and to skill and agility test.)

SKILLS

Computer Programs: _____

Do you have any other experience, training, qualifications or skills which you feel make you especially suited for the position for which you are applying? If yes, please explain: _____

FOR POSITIONS REQUIRING DRIVING ONLY

If driving is a requirement of the job, do you have a current, valid driver's license? Yes No

Driver's License No.: _____ Expiration Date: _____

Do you have any restrictions on your driver's license at this time? Yes No

If Yes, please explain: _____

Have you ever had your driver's license suspended or revoked: Yes No

Date(s) or revocation or suspension _____ Date(s) or reinstatement: _____

Note: Continued employment may be contingent upon your maintaining a current, valid driver's license if driving is a requirement of your position.

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FOR PROFESSIONAL & TECHNICAL APPLICANTS ONLY

Professional License/Certification Number: _____ Expiration Date: _____

Type of License/Certification: _____ State of Issuance: _____

Has your License/Certification ever been revoked or suspended: Yes No

If yes, state the reason(s): _____

Date(s) or revocation or suspension _____ Date(s) or reinstatement: _____

EDUCATION

| | Name /Address of School | Course of Study | # Years completed | Date Diploma/Degree Received |
|-----------------------|-------------------------|-----------------|-------------------|------------------------------|
| High School | | ***** | | ***** |
| Undergraduate College | | | | |
| Graduate/Professional | | | | |
| Other | | | | |

WORK EXPERIENCE

Please fully account for all time, including periods of unemployment and any prior employment by this company. Begin with MOST RECENT job. (Use reverse side for additional information.)

| | | |
|---------------------------|--|--|
| Last or Current Employer: | Dates Employed FROM: TO: | Work Performed: |
| Address: | Hourly Rate/Salary Starting: Final: | Job title/Job Duties: |
| Telephone Number: | Supervisor's Name: | May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Reason for Leaving: | | |

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| | | |
|---------------------------|---|--|
| Last or Current Employer: | Dates Employed FROM: TO: | Work Performed: |
| Address: | Hourly Rate/Salary Starting: Final: | Job title/Job Duties: |
| Telephone Number: | Supervisor's Name: | May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Reason for Leaving: | | |
| Last or Current Employer: | Dates Employed FROM: TO: | Work Performed: |
| Address: | Hourly Rate/Salary Starting: Final: | Job title/Job Duties: |
| Telephone Number: | Supervisor's Name: | May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Reason for Leaving: | | |

Have you ever been terminated, asked to resign, or left a job without notice? Yes No (If yes, please explain the circumstances and identify the employer(s). Use back of page for additional space if needed.)

APPLICANT'S COMMENTS

Please describe what you expect from an employer or include any remarks you may wish to add including any special qualifications for the position: _____



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APPLICANT STATEMENT

(Please initial each statement)

_____ I hereby certify that all information that I provided on this application or any other documents submitted in connection with my application for employment and any subsequent employment, and provided in any interview is true and correct. I agree to have any of the statements provided by me checked by the Company unless I have indicated to the contrary. Further, I understand that falsification or omission of any material information on this application, or presenting misleading information on this application may be considered sufficient cause for immediate termination. **I hereby fully waive any rights or claims that I have or may have against my former employers, their employees and/or agents and release them for any and all such liability, claims or damages that may directly or indirectly result from the use, disclosure or release of any such reference information about me, whether favorable or unfavorable.**

_____ I hereby authorize The E. Jordan Brookes Co., Inc. to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to the company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure.

_____ If hired, I agree as follows: My employment and compensation is for no definite period, is terminable at-will and my employment and compensation may be terminated by the Company at any time and for any reason whatsoever, with or without good cause, and with or without prior notice, at the option of either the Company or myself.

_____ I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and my company.

_____ No implied, oral, or written agreements contrary to the express language of this at will agreement are valid unless they are in writing and signed by the President of the Company or the President's designee. No supervisor or representative of the Company, other than the President of the Company or the President's designee has any authority to make any agreements contrary to the foregoing.

_____ I agree that if employed, I will abide by all policies and procedures established by the Company. I further understand that if I am required to undertake a physical examination or a drug or alcohol test for pre-employment or employment related purposes, and if I fail to pass any such physical examination including a drug and/or alcohol test, if required, such will result in the revocation of any job offer and may be grounds for termination of employment.

_____ I further certify that I have been informed of the duties of the position for which I am applying and that I can perform the essential functions of the position and that if necessary will inform the Company of any reasonable accommodation that I may require to perform the functions of the position.

POST OFFER PHYSICAL/CONTROLLED SUBSTANCE SCREENING

_____ The Company strongly believes in its responsibility to provide a safe and healthful workplace for all its employees. I understand that after I receive a conditional offer of employment, **I MAY BE TESTED** for the presence of controlled substances before I am hired as a condition of employment with the Company

Signature of Applicant: _____ Date: _____

Print Name: _____