

**JEFFERSON COUNTY COMMUNITY PARTNERSHIP
EMPLOYMENT APPLICATION**

This application will remain active for 90 days.
Reapplication is necessary after that time period.

Employment Application

Please complete all questions for employment consideration

Name _____ Social Security Number XXX-XX-_____

Present Address _____

Prior Address _____
Street City State Zip

Home Phone _____ Mobile Phone _____ How did you hear about us? _____

If employee referral, please provide employee's name _____

Type of work or position applied for? _____ Full Time Part Time

Days Available _____ Hours Available _____ Date Available to Begin work _____

Describe why you are qualified for the position _____

Salary requirements _____ Are you over 18? Yes No

If you have relatives employed with us, their name/relationship _____

If you would be engaged in any other work while in our employ, please explain _____

If hired, can you provide eligibility to work in the United States? Yes No

Have you ever been convicted, plead guilty, or plead "no contest" to any crime? Yes No

If yes, please explain and provide applicable dates: _____

A conviction will not necessarily bar you from employment. Do not list expunged information.

Has a former employer ever disciplined you for tardiness or absenteeism? Yes No

If yes, please explain: _____

To the best of your knowledge would you be able to perform all the essential functions of this position with or without reasonable accommodation? Yes No

If not, which functions? _____

HISTORY OF EMPLOYMENT

List your **complete** employment record (including temporary, regular, and part-time) in date order.
List the most recent first. Include military service if applicable. Use additional sheets if necessary.

MOST RECENT EMPLOYER

Are you currently working for this company? Yes No If yes, may we contact? Yes No

Company Name _____ Phone Number _____

Address _____

Supervisor's Name/Title _____

Starting Position _____ Ending Position _____

From _____ To _____ Ending Salary _____

Brief Job Description _____

Reason for Leaving _____

EMPLOYER

Are you currently working for this company? Yes No If yes, may we contact? Yes No

Company Name _____ Phone Number _____

Address _____

Supervisor's Name/Title _____

Starting Position _____ Ending Position _____

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Brief Job Description _____

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EMPLOYER

Are you currently working for this company? Yes No If yes, may we contact? Yes No

Company Name _____ Phone Number _____

Address _____

Supervisor's Name/Title _____

Starting Position _____ Ending Position _____

From _____ To _____ Ending Salary _____

Brief Job Description _____

Reason for Leaving _____

If you were employed under a different name in any of these positions, give name and applicable company:

Account for any gaps in which you have not been working in the last 5 years:

From	To	Reason

EDUCATIONAL BACKGROUND

School Name/ Address	Dates Attended	Date Graduated	Diploma / Degree Certificate	Grade Point / Honors
HIGH SCHOOL	N / A	N / A		
BUSINESS / TRADE				
COLLEGE / UNIV.				

INDICATE TRAINING OR EXPERIENCE IN THE FOLLOWING:

Computer Skills: Word Excel Windows Version: _____ WPM _____

Other Skills / Qualifications: _____

ACKNOWLEDGEMENT OF UNDERSTANDING AND CONSENT

Please read thoroughly before signing

I expressly authorize, without reservation, JCCP, including its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have against JCCP, its agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.

Upon offer of employment, I agree to take a drug test at JCCP’s request and expense, and understand that continued employment is conditioned upon the findings.

If hired, I will provide proof of my eligibility to work as required by “The Immigration Reform and Control Act of 1986” immediately.

I understand that JCCP can make no guarantee as to the numbers of hours that I may be assigned from week to week, and any reduction in hours can affect my compensation and benefits. I also understand that I may be required to change days off and scheduled hours on a temporary or regular basis in order to continue my employment. I understand that evenings or weekends may be part of any schedule I may be assigned.

I understand that my employment is not governed by any written or oral contract and is considered an “at will” arrangement. I understand that I am free, as is JCCP to terminate my employment at any time for any reason, with or without cause or advanced notice.

I affirm that the information on this application is true and complete. I understand that false statements, omissions or misrepresentations will result in cancellation of an employment offer or termination of employment when discovered. I agree that I have read and understand the above acknowledgements and agreements and recognize all of the above as conditions of employment.

If employed, and in consideration of my employment, I agree to conform to the rules, procedures and policies of JCCP.

Signature

Date

DO NOT WRITE BELOW THIS LINE – FOR EMPLOYER USE

Management Approval _____

Start Date _____ Exempt/Rate _____ Non-Exempt/Rate _____

Full-Time _____ Part-Time _____ Position _____

AN EQUAL OPPORTUNITY EMPLOYER