

Employment Application

Jones Family of Companies is an equal opportunity employer and will not discriminate against any applicant based on any characteristic that is protected by state or federal law.

JONES FAMILY OF COMPANIES IS AN AT-WILL EMPLOYER MEANING THAT EITHER THE EMPLOYER OR EMPLOYEE CAN END THE EMPLOYMENT RELATIONSHIP AT ANY TIME AND FOR ANY OR NO REASON.

Applicant Information							
Full Name:			Date:				
	Last First		M.I.				
Address:							
	Street Address			Apartment/Unit #			
	City		State	ZIP Code			
Phone:		Email					
Date Availat				alary: <u>\$</u>			
Position Applied for:							
Are you a ci	tizen of the United States? YES NO	If no, are yo	ou authorized to work	YES NO			
Have you ev	YES NO ver worked for this company? □ □	If yes, wher	n?				
YES NO Have you ever been convicted of a felony?							
If yes, expla	in:						
If yes, explain: Education							
High School							
From:	To: Did you graduat	YES NO					
College:	Addres	ss:					
From:	To: Did you graduat	YES NO	Degree:				
Other:	Addres	SS:					
From:	To: Did you graduat	YES NC					

Please list three professional references.

Full Name:	Relationship: Phone:				
C					
			Relationship:		
Campany			Phone:		
Address:					
Full Name:			Relationship:		
Commons	Phone:				
Addross					
	Previous E	Employment			
Company:			Phone:		
Addroso:			Cuparicar		
Job Title:	Starting S	Salary:\$	Ending Salary:\$		
Responsibilities:					
From:	To:		ng:		
May we contact your p	revious supervisor for a reference?	YES NO			
Company:			Phone:		
A dalago o o			Cupanican		
Job Title:	Starting S	Salary: \$	Ending Salary: \$		
Responsibilities:					
	To:		ng:		
		YES NO			
May we contact your pr	revious supervisor for a reference?				
Company:			Phone:		
Job Title:	Starting Salary:		Ending Salary: \$		
Responsibilities:					
	To:				

May we contact your previous supervisor for a reference?	YES	NO						
Military S	ervice							
Branch:		From:	To:					
Rank at Discharge:	Type of D	ischarge:						
If other than honorable, explain:								
Disclaimer and Signature								
Please read the following statement carefully before signing to indicate your understanding:								
I understand that if I receive a conditional job offer, and prior to beginning employment, I may be requested to undergo a pre-employment medical examination. If I have a disability that will affect my ability to take the test, I will so inform JONES FAMILIES OF COMPANIES prior to the administration of the test so that a reasonable accommodation can be made. JONES FAMILIES OF COMPANIES reserves the right to require medical documentation regarding the need for accommodation.								
I understand and agree that, if hired, my employment is AT-WILL. THIS MEANS THAT IF HIRED, EITHER JONES FAMILY OF COMPANIES OR I CAN END THE EMPLOYMENT RELATIONSHIP AT ANY TIME AND FOR ANY REASON.								
I authorize investigation of all statements contained in this application for any employment-related purpose. I release the listed references and all employers to provide you with all applicable information they may have. I hereby release these references and former employers from all liability for any information they may give to you, including but not limited to any defamation claims I may now have or will have against them.								
I certify that the facts contained in this application are true and that, if employed, falsified statements on this application may			nowledge and understand					
Signature:		Da	ate:					

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