

Application For Employment

JMA

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

Position(s) Applied For _____

Date of Application _____

How Did You Learn About Us?

Advertisement

Relative

Inquiry

Employment Agency

Friend

Other _____

Last Name _____

First Name _____

Middle Name _____

Address _____

Number _____

Street _____

City _____

State _____

Zip Code _____

Telephone Number(s) _____

Social Security Number _____

Best time to contact you at home is: _____

AM
PM

If you are under 18 years of age, can you provide required proof of your eligibility to work?

Yes

No

Have you ever filed an application with us before?

Yes

No

If Yes, give date _____

Have you ever been employed with us before?

Yes

No

If Yes, give date _____

Do any of your friends or relatives, other than spouse, work here?

Yes

No

Are you currently employed?

Yes

No

May we contact your present employer?

Yes

No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status

Proof of citizenship or immigration status will be required upon employment

Yes

No

Date available for work _____

What is your desired salary range? _____

Are you available to work: Full-Time

Part-Time (please indicate Morning Afternoon Evenings)

Temporary (please indicate dates available _____ - _____)

Are you currently on "lay-off" status and subject to recall?

Yes

No

Can you travel if a job requires it?

Yes

No

Education

	Name & Address of School	Course of Study	Years Completed	Diploma Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

Describe any job-related training received in the United States military.

Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

1.	Employer	Dates Employed From To		Work Performed
	Address			
	Telephone Number(s)	Hourly Rate/Salary Starting Final		
	Job Title	Supervisor		
	Reason for Leaving			
2.	Employer	Dates Employed From To		Work Performed
	Address			
	Telephone Number(s)	Hourly Rate/Salary Starting Final		
	Job Title	Supervisor		
	Reason for Leaving			
3.	Employer	Dates Employed From To		Work Performed
	Address			
	Telephone Number(s)	Hourly Rate/Salary Starting Final		
	Job Title	Supervisor		
	Reason for Leaving			
4.	Employer	Dates Employed From To		Work Performed
	Address			
	Telephone Number(s)	Hourly Rate/Salary Starting Final		
	Job Title	Supervisor		
	Reason for Leaving			

If you need additional space, please continue on a separate sheet of paper.

List professional, trade, business or civic activities and offices held.

You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:

Additional Information

Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

Specialized Skills (Check Skills/Equipment Operated)

_____ Terminal	_____ Spreadsheet	Construction Equipment (list)	Other (list)
_____ PC/MAC	_____ Word Processing	_____	_____
_____ Typewriter	_____ Shorthand	_____	_____
_____ WPM _____	_____ WPM _____	_____	_____

State any additional information you feel may be helpful to us in considering your application.

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of the activities involved in such a job or occupation has been given.

_____ YES _____ NO

References

1. _____
(Name) Phone # _____

(Address)

2. _____
(Name) Phone # _____

(Address)

3. _____
(Name) Phone # _____

(Address)

Applicant's Statement

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

Please mail, fax, or e-mail this application to:
Jim Murphy & Associates
464 Kenwood Court, Suite B, Santa Rosa, CA 95407
Phone (707) 576-7337 Fax (707) 576-7173
E-mail: jobs@j-m-a.com