

EMPLOYMENT / JOB APPLICATION

PERSON	NAL INFORMATION	
FULL NAME: First Middle	DATE:	
ADDRESS:	Last	
Street Address	Apt/Suite	
City Sta	ate Zip Code	
•	·	
E-MAIL:	PHONE:	
PREFERRED METHOD OF COMMUNIC	ATION: TEXT EMAIL CALL	
DATE AVAILABLE:	DESIRED PAY: \$ ☐ HOUR ☐ SALARY	
POSITION APPLIED FOR:		
EMPLOYMENT DESIRED: FULL-TIME	☐ PART-TIME ☐ SEASONAL	
DO YOU KNOW ANYONE WHO WORKS	S OR HAS WORKED AT J&M PRINTING?	
IF YES, PLEASE LIST WHO YOU KNOW	<i>'</i> :	
HOW DID YOU HEAR ABOUT THIS POS	SITION:	
EMPLOY	MENT ELIGIBILITY	
ARE YOU LEGALLY ELIGIBLE TO WOR	RK IN THE U.S? YES NO*	
HAVE YOU EVER WORKED FOR THIS	EMPLOYER?	
*IF YES, WRITE THE START AND END	DATES:	
EDUCATION		
HIGH SCHOOL:	CITY / STATE:	
FROM:TO:		
GRADUATE? ☐ YES ☐ NO DIPLOMA:		
	CITY / STATE:	

FROM:	TO:	
GRADUATE? ☐ YES ☐ NO	DEGREE:	_
OTHER:	CITY / STATE:	
FROM:	TO:	
DEGREE/CERTIFICATION	l:	
OTHER:	CITY / STATE:	
FROM:	TO:	
DEGREE/CERTIFICATION	l:	
	PREVIOUS EMPLOYMENT	
EMPLOYER 1:	vidual	
	PHONE: _	
Street Address		Apt/Suite
City	State	Zip Code
STARTING PAY: \$	□ HOUR □ SALARY ENDING PAY: \$	B □ HOUR □ SALARY
JOB TITLE:	RESPONSIBILITIES:	
FROM:	TO:	
REASON FOR LEAVING:		
EMPLOYER 2:		
	vidual	
E-MAIL:	PHONE:	
ADDRESS:Street Address		Apt/Suite
City	State	Zip Code
·		·
OTANTING PAT. D	HOUR SALARY ENDING PAY: \$	O LI HOUR LI SALARY
	RESPONSIBILITIES:	

FROM:	TO:		
REASON FOR LEAVING:			
EMPLOYER 3: Company / Inc	lividual		
E-MAIL:		PHONE:	
ADDRESS: Street Address		Apt/Suite	
City	State	State Zip Code	
STARTING PAY: \$		ENDING PAY: \$	
JOB TITLE:	RESPONSIBILIT	TIES:	
FROM:	TO:		
REASON FOR LEAVING:			
	REFEREN (PROFESSIONA	_	
FULL NAME:	Last	RELATIONSH	IP:
COMPANY:		TITLE:	
E-MAIL:		PHONE:	
FULL NAME:	Last	RELATIONSH	IIP:
COMPANY:		TITLE:	
E-MAIL:		PHONE:	
FULL NAME:	Last	RELATIONSH	IIP:
COMPANY:			
E-MAIL:		PHONE:	

DISCLAIMER

Applicant understands that this is an Equal Opportunity Employer and committed to excellence through diversity. In order to ensure this application is acceptable, please print or type with the application being fully completed in order for it to be considered.

Please complete each section EVEN IF you submit a resume.

I, the Applicant, certify that my answers are true and honest to the best of my knowledge. If this application leads to my eventual employment, I understand that any false or misleading information in my application or interview may result in my employment being terminated.

SIGNATURE _	DATE
PRINT NAME	