



# Employment Application

Please read these instructions carefully:

- Complete all parts of this application and sign it, even if you attach a resume. Use additional pages if necessary.
- Let us know if you need help completing this application or any other aspect of the application process. We will make every effort to accommodate to your needs.

*All qualified applicants will receive consideration without regard to race, color, creed, religion, gender, national origin, age, disability, marital status, veteran status, sexual orientation, or any other basis upon which discrimination is prohibited by municipal, state, or federal law.*

Personal Information			
Last Name	First Name	Middle Name	Primary Phone
Work Phone	Other Phone	Email	
Current Address - Street/Apt #		City	State Zip Code
If hired, can you prove that you are eligible for employment in the United States? <input type="checkbox"/> No <input type="checkbox"/> Yes		Date of Birth (If under 18, you may be required to provide authorization to work)	
Have you ever been convicted of a crime? If yes, explain. <input type="checkbox"/> No <input type="checkbox"/> Yes			
<i>Conviction will not necessarily disqualify an applicant from employment.</i>			

Position Information	
Position for which you are applying:	Have you been previously employed by JAG Products, LLC? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, when? What position?
Please check all that you are available for: <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Temporary <input type="checkbox"/> Overtime <input type="checkbox"/> Evenings <input type="checkbox"/> Weekends <input type="checkbox"/> Holidays	Have you ever applied for employment with us? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, month and year:
When would you be able to start work?	Minimum acceptable starting wage: \$ _____ per <input type="checkbox"/> hour <input type="checkbox"/> year
What days/hours are you available to work?  Are you available to work overtime? <input type="checkbox"/> Yes <input type="checkbox"/> No  Can you travel if necessary? <input type="checkbox"/> Yes <input type="checkbox"/> No  If yes, please explain _____	What made you apply to JAG Products, LLC? <input type="checkbox"/> JAG Website <input type="checkbox"/> ZipRecruiter <input type="checkbox"/> Employment Ad <input type="checkbox"/> Current Employee <input type="checkbox"/> Former Employee <input type="checkbox"/> Employment Agency <input type="checkbox"/> School or College <input type="checkbox"/> Walk-in/self <input type="checkbox"/> Other: _____  If you were referred, by whom? _____
If driving is a requirement of the job for which you are applying, do you have a current, valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No	

## Employment History

Begin with your current or most recent position. Although you can attach a resume, you must complete this section. **If you have had more employers than you can list on this page, please attach another page with the same items.**

1. Name of Employer		Location (Address, City, State, Zip)		Phone/Email	
Date Started	Starting Wage \$ _____ per: <input type="checkbox"/> hour <input type="checkbox"/> year		Starting Position Title		Supervisor Name & Title
Date Left	Ending/Current Wage \$ _____ per: <input type="checkbox"/> hour <input type="checkbox"/> year		Ending/Current Position Title		Reason for Leaving
Responsibilities:				May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, explain:	

2. Name of Employer		Location (Address, City, State, Zip)		Phone/Email	
Date Started	Starting Wage \$ _____ per: <input type="checkbox"/> hour <input type="checkbox"/> year		Starting Position Title		Supervisor Name & Title
Date Left	Ending/Current Wage \$ _____ per: <input type="checkbox"/> hour <input type="checkbox"/> year		Ending/Current Position Title		Reason for Leaving
Responsibilities:				May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, explain:	

3. Name of Employer		Location (Address, City, State, Zip)		Phone/Email	
Date Started	Starting Wage \$ _____ per: <input type="checkbox"/> hour <input type="checkbox"/> year		Starting Position Title		Supervisor Name & Title
Date Left	Ending/Current Wage \$ _____ per: <input type="checkbox"/> hour <input type="checkbox"/> year		Ending/Current Position Title		Reason for Leaving
Responsibilities:				May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, explain:	

4. Name of Employer		Location (Address, City, State, Zip)		Phone/Email	
Date Started	Starting Wage \$ _____ per: <input type="checkbox"/> hour <input type="checkbox"/> year		Starting Position Title		Supervisor Name & Title
Date Left	Ending/Current Wage \$ _____ per: <input type="checkbox"/> hour <input type="checkbox"/> year		Ending/Current Position Title		Reason for Leaving
Responsibilities:				May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, explain:	

5. Name of Employer		Location (Address, City, State, Zip)		Phone/Email	
Date Started	Starting Wage \$ _____ per: <input type="checkbox"/> hour <input type="checkbox"/> year		Starting Position Title		Supervisor Name & Title
Date Left	Ending/Current Wage \$ _____ per: <input type="checkbox"/> hour <input type="checkbox"/> year		Ending/Current Position Title		Reason for Leaving
Responsibilities:				May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, explain:	

## Other History

Have you ever been fired from a position or otherwise asked to resign?  No  Yes If yes, please explain:

Have you had any employment that is not listed on the previous page(s)?  No  Yes If yes, please explain.

Please describe any military service you had, including dates:

## Education

	School Name & Location	Degree Earned	Course of Study
High School		<input type="checkbox"/> None <input type="checkbox"/> Diploma <input type="checkbox"/> GED	
Business/Trade/ Technical		<input type="checkbox"/> None <input type="checkbox"/> List:	
College		<input type="checkbox"/> None <input type="checkbox"/> Associate <input type="checkbox"/> Bachelor	
Graduate Studies		<input type="checkbox"/> None <input type="checkbox"/> Master <input type="checkbox"/> Other (explain)	

## Training

Please describe any training you have had that would be relevant to the job for which you are applying:

## Special Skills

Please list any skills or accreditations you possess that are not reflected elsewhere in this application (special license and/or business certification)

## Additional Information

Please tell us anything else that may help us with our hiring decision:

## References

Give name, address, and telephone of **three** professional references who are not related to you.

Name	Address	E-mail	Phone
1.			
2.			
3.			

## Applicant Statement

I certify that the answers given herein are true and complete to the best of my knowledge. I realize that any misrepresentation in the information submitted or any intentional withholding of essential information called for in this form may result in my immediate dismissal.

I understand that the filling of this application with JAG Products, LLC is a preliminary step to employment. It does not obligate the JAG to offer employment, or the applicant to accept employment. An offer of employment, if made, is contingent upon receiving satisfactory background and reference checks as authorized by this statement and any other attachments. I understand that if I receive a contingent offer of employment and I accept the position, I may be required to complete additional information necessary for record keeping requirements. I agree to abide by all JAG policies and procedures as outlined within JAG policies, memos, handbooks, and other documents.

I authorize JAG to check all references from current and previous employers and other references that may be relevant to my employment or my ability to perform the job for which I have applied. I authorize JAG and/or its agents to verify any of the information furnished in this application and other background information deemed appropriate by JAG.

By signing this application, I authorize all persons, schools, companies, and law enforcement authorities and agencies to release any information concerning my background that may be relevant to evaluation of this employment application and I hereby release any such persons, schools, companies, and law enforcement authorities and agencies from any liability for damages whatsoever for issuing this information to JAG or its agents. JAG will keep all such information confidential except where such information is required to be released by law, order of a court or other authority, or by any contractual agreement.

I understand and hereby acknowledge that any employment relationship with JAG is at will, which means that, if I am hired, my employment with the JAG is not for a fixed period of time and that I may resign at any time and JAG may terminate my employment and compensation at any time. I further agree that this at-will employment relationship may not be changed by any written document or by conduct of any JAG employee or official.

Applicant Signature

Date

Social Security #

*Thank you for completing an application for employment with JAG Products, LLC.  
We appreciate your interest in working with us!*