

The Joseph A. Jeffries Co Inc

5211 Louisville Street NE
Louisville, Ohio 44641
330-454-6103 fax 330-454-6140
HR@josephajeffries.com

Employment Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code
()

Phone: _____ E-mail Address: _____

Date Available: _____ Social Security No.: _____ Desired Salary: \$ _____

Position Applied for: _____

Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?	_____	
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>			

If yes, explain: _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

References

Please list three professional references.

Full Name: 1 _____ Relationship: _____

Company: _____ Phone: () _____

Address: _____

Full Name: 2 _____ Relationship: _____ ()

Company: _____ Phone: _____

Address: _____

Full Name: 3 _____ Relationship: _____

Company: _____ Phone: ()

Address: _____

Previous Employment

Company:1 _____ Phone: ()

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: 2 _____ Phone: ()

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: 3 _____ Phone: ()

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain:

Other Information

Are you willing to work overtime and weekends?

Have you tested positive, or refused to test, on any drug or alcohol test administered by an employer?

Do you have any previous injuries or pre-existing medical conditions?

What equipment can you operate?

Other job-related skills or training?

Do you have a CDL? What Class?

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____

ATTACH A PHOTOCOPY OF

1. DRIVER'S LICENSE
2. OSHA CARD
3. MEDICAL CARD