



APPLICATION FOR EMPLOYMENT

(PRE-EMPLOYMENT QUESTIONNAIRE) (AN EQUAL OPPORTUNITY EMPLOYER)

DATE _____

NAME _____

LAST

FIRST

MIDDLE

ADDRESS _____

STREET

CITY

STATE

ZIPCODE

TELEPHONE: _____ EMAIL ADDRESS: _____

ARE YOU LAWFULLY EMPLOYABLE IN THE U.S.? YES ___ NO ___ ARE YOU 18 YEARS OR OLDER? YES ___ NO ___

DO YOU HAVE A VALID DRIVER'S LICENSE? YES ___ NO ___ IF YES, CLASS/ENDORSEMENTS _____

DESIRED POSITION _____ DATE YOU CAN START _____ SALARY DESIRED _____

ARE YOU EMPLOYED NOW? YES ___ NO ___ IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? YES ___ NO ___

HAVE YOU EVER APPLIED TO JMT BEFORE? YES ___ NO ___ CURRENT MEMBER OF US MILITARY? YES ___ NO ___

EDUCATION	NAME & LOCATION OF SCHOOL	NO. OF YEARS ATTENDED	DID YOU GRADUATE	SPECIAL SUBJECTS STUDIED
HIGH SCHOOL				
COLLEGE				
TRADE OR BUSINESS SCHOOL				

LIST ANY SKILLS OR EXPERIENCE WITH CONSTRUCTION EQUIPMENT/TOOLS _____

REFERENCES: (Give three persons not related to you, whom you have known at least one year)

NAME

ADDRESS

BUSINESS

YEARS AQUAINTED

EMERGENCY CONTACT: _____ PHONE: _____

EMPLOYMENT HISTORY: List former employers, most recent first

Employer Name & Address	Position title/duties, skills:	Start date:	End Date:
		Reason for leaving:	
Pay: \$ Per:		Supervisor:	Telephone:
Employer Name & Address	Position title/duties, skills:	Start date:	End Date:
		Reason for leaving:	
Pay: \$ Per:		Supervisor:	Telephone:
Employer Name & Address	Position title/duties, skills:	Start date:	End Date:
		Reason for leaving:	
Pay: \$ Per:		Supervisor:	Telephone:
Employer Name & Address	Position title/duties, skills:	Start date:	End Date:
		Reason for leaving:	
Pay: \$ Per:		Supervisor:	Telephone:

PHYSICAL RECORD: DO YOU HAVE ANY PHYSICAL LIMITATIONS THAT PRECLUDE YOU FROM PERFORMING ANY WORK FOR WHICH YOU ARE BEING CONSIDERED YES ___ NO ___ IF YES, WHAT CAN BE DONE TO ACCOMMODATE YOUR LIMITATION? PLEASE DESCRIBE: _____

ARE YOU WILLING TO WORK OVERTIME? YES ___ NO ___

ARE YOU ABLE TO TRAVEL AND BE AWAY FOR PERHAPS A WEEK AT A TIME? YES ___ NO ___

JMT USES AN ON-CALL LIST USED FOR EMERGENCY AND SCHEDULED PROJECTS THAT MAY OCCUR AFTER HOURS, WEEKENDS AND HOLIDAYS. ARE THERE ANY REASONS YOU WOULD NOT BE ABLE OR AVAILABLE TO BE ON THIS LIST? YES ___ NO ___

JMT SUPPLIES PERSONAL PROTECTIVE EQUIPMENT FOR EACH EMPLOYEE, INCLUDING A FULL-FACE RESPIRATOR. THEREFORE, WE HAVE A "NO BEARD" POLICY. CAN YOU ADHERE TO THIS POLICY? YES ___ NO ___

JMT HAS A STRICT SMOKING POLICY: JMT WILL NOT ALLOW SMOKING IN ANY COMPANY VEHICLE! SMOKING WILL BE TOLERATED ONLY AT A BREAK PERIOD AND AT LUNCH TIME. SMOKING IS NOT ALLOWED INSIDE THE JMT BUILDING! SMOKING WITHIN A 500-FOOT AREA AROUND ANY JMT WORK SITE, OR SMOKING THAT INTERFERES WITH THE JOB AT HAND OR WITH OTHER JMT PERSONNEL, CAN BE GROUNDS FOR IMMEDIATE DISMISSAL. CAN YOU ADHERE TO THIS POLICY? YES ___ NO ___

I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION CAN BE GROUNDS FOR DISMISSAL.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE, AND RELEASE ALL PARTIES FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM FURNISHING SAME TO YOU.

I UNDERSTAND AND AGREE THAT, IF HIRED, MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY BE TERMINATED AT ANY TIME WITHOUT ANY PRIOR NOTICE.

SIGNATURE OF APPLICANT _____ DATE _____

TYPING YOUR NAME ABOVE INDICATES SIGNATURE ON THE FORM