

Application for Employment

Job's Holding inc. 5403 Shady Avenue, Lowville, NY 13367

PERSONAL INFORMATION

EQUAL OPPORTUNITY EMPLOYER

| | | | |
|----------------------------------|--------|--------------|----------------------------------|
| NAME (LAST NAME FIRST) | | MAIDEN NAME: | CHECK HERE IF YOU ARE 18 OR OVER |
| PRESENT ADDRESS | | CITY | STATE ZIPCODE |
| PERMANENT ADDRESS (IF DIFFERENT) | | CITY | STATE ZIPCODE |
| PHONE # | CELL # | EMAIL | REFERRED BY: |

EMPLOYMENT DESIRED

| | | |
|----------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|-----------------|
| POSITION | DATE AVAILABLE TO START: | SALARY DESIRED: |
| ARE YOU CURRENTLY EMPLOYED? YES _____ NO _____ | IF SO MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? YES _____ NO _____ IF YES - PHONE #: | |
| HAVE YOU EVER BEEN FIRED OR QUIT IN LIEU OF BEING FIRED? YES _____ NO _____ IF YES - EXPLAIN CIRCUMSTANCES: | | |

EDUCATION HISTORY

| NAME AND LOCATION OF SCHOOL | YEARS ATTENDED | DID YOU GRADUATE? | SUBJECTS STUDIED |
|-----------------------------|----------------|--------------------|------------------|
| ELEMENTARY SCHOOL | | YES _____ NO _____ | |
| HIGH SCHOOL | | YES _____ NO _____ | |
| COLLEGE | | YES _____ NO _____ | |
| TRADE, BUSINESS, GED SCHOOL | | YES _____ NO _____ | |

GENERAL INFORMATION

| | |
|---------------------------------------------------|-----------------------------------|
| SUBJECTS OF SPECIAL STUDY/TRAINING/CERTIFICATIONS | AVAILABILITY TO WORK (HOURS/DAYS) |
|---------------------------------------------------|-----------------------------------|

FORMER/CURRENT EMPLOYERS

| DATE MO/YR | NAME/ADD/PHONE OF EMPLOYER | SALARY | POSITION | REASON FOR LEAVING |
|------------|----------------------------|--------|----------|--------------------|
| FROM | | | | |
| TO | | | | |
| FROM | | | | |
| TO | | | | |
| FROM | | | | |
| TO | | | | |
| FROM | | | | |
| TO | | | | |
| FROM | | | | |
| TO | | | | |
| FROM | | | | |
| TO | | | | |

REFERENCES 3 REQUIRED - NOT RELATED TO APPLICANT

| NAME | ADDRESS | PHONE | NATURE OF RELATIONSHIP | YRS KNOWN |
|------|---------|-------|------------------------|-----------|
| | | | | |
| | | | | |
| | | | | |

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 shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have or give, personal or otherwise and release the company from all liability for any damage that may result from utilization of such information.

| | |
|-------|------------|
| DATE: | SIGNATURE: |
|-------|------------|