

# APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer



[www.cjgroup.com](http://www.cjgroup.com)

**NAME:**

**POSITION APPLIED FOR:**

**LOCATION:**

**DATE:**

## PERSONAL DATA

Full Name: \_\_\_\_\_  
(First) (M.I.) (Last)

Referral Source: (Ad, Website, Agency, Other) \_\_\_\_\_

Address: \_\_\_\_\_

Referred by \_\_\_\_\_

City: \_\_\_\_\_

Name? \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Relation to you? \_\_\_\_\_

Phone: \_\_\_\_\_

Do you know anyone employed by CJK Group?  Yes  No

If yes, when? \_\_\_\_\_

Alternate or Cell Phone: \_\_\_\_\_

Have you ever worked at CJK Group before?  Yes  No

E-Mail: \_\_\_\_\_

Have you ever applied at CJK Group before?  Yes  No

If yes, when? \_\_\_\_\_

Are you at least 18 years of age?  Yes  No Are you legally authorized to work in the United States?  Yes  No

CJK Group complies fully with the provisions of the Immigration Reform and Control Act of 1986 with respect to the employment eligibility of all employees to work legally in the United States. If you accept employment with CJK Group, you will be required to demonstrate employment eligibility by completing Form I-9 and presenting acceptable documents from those listed on the back of that form within three (3) days of hire. CJK Group does not discriminate in hiring or firing based upon an individual's national origin or citizenship.

Date available for work? \_\_\_\_\_

Hours you are available to work?

\_\_\_\_\_ a.m./p.m. to \_\_\_\_\_ p.m./a.m.

Days you are available to work? (Please X all that apply)

Mon Tue Wed Thur Fri Sat Sun

Shift Preference? (please X all that apply)

1<sup>st</sup>

2<sup>nd</sup>

3<sup>rd</sup>

4-Shift\*

Temp./Per Diem  
Position

Other  
Shift

Are you available for overtime if required?

Yes

No

\* 4-Shift indicates a 12-hour shift, 3 days per week the first week and a 12-hour shift, 4 days per week the next week  
Shifts may vary by location

## MILITARY EXPERIENCE

Have you ever been in a U.S. Military Service? Yes  No  If yes, which branch? \_\_\_\_\_

Highest Rank \_\_\_\_\_

Training and experience in the military \_\_\_\_\_

## EDUCATION

	Name	City, State	Diploma/GED Y or N	Major
High School				
Technical School				
College				
Graduate School				

Please list any special training or certification:

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## EMPLOYMENT RECORD

*(Please list **most recent** employer **first**)*

Name of Company: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_

Supervisor's Name and Title: \_\_\_\_\_ Dates of Employment: \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_

Your Job Title and Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

May we contact this employer for verification?  Yes  No

Name of Company: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_

Supervisor's Name and Title: \_\_\_\_\_ Dates of Employment: \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_

Your Job Title and Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Name of Company: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Supervisor's Name and Title: \_\_\_\_\_ Dates of Employment: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Your Job Title and Duties: \_\_\_\_\_  
 \_\_\_\_\_  
 Reason for Leaving: \_\_\_\_\_

If you have had disciplinary problems with any previous employer, please describe the circumstances:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

If special assistance is needed for interview, please discuss this at the time the interview is scheduled.

**PROFESSIONAL REFERENCES**

List three persons you have worked with for at least two years.

<u>Name</u>	<u>Organization</u>	<u>Occupation/Title</u>	<u>Phone</u>

Do you have a contractual agreement, such as a non-competition agreement, that could potentially limit your employment with us?

Yes     No

If you answered yes, please describe your circumstances.

\_\_\_\_\_

**All applications must be signed and dated.**

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Signature of Applicant

## INFORMATION FOR APPLICANT

(Read Carefully Before Signing)

1. This application is valid for six months. If you have not been employed within six months of your application, you must re-apply for a position.
  
2. By my signature below, I agree to the following:
  - a. I consent to take any physical examinations, including but not limited to tests for alcohol or drugs, that may be requested by CJK Group: (1) following an offer of employment and prior to commencement of work; and (2) during the course of my employment, consistent with applicable law, including but not limited to the Americans with Disabilities Act. I further authorize any health care professional or testing facility who performs such an examination or who has other information concerning my physical, mental or other medical status to release such information to CJK Group. I understand that if my drug screen is positive for any illegal substance, that any offer of employment will be rescinded.
  - b. I understand that any false statements or omissions made by me in connection with my application, or in responding to requests for information, can be sufficient grounds for my rejection as a candidate for employment or for my immediate discharge.
  - c. I understand that any employment I might be offered by CJK Group is at-will, of indefinite duration and not a contract, and that either I or CJK Group can terminate that employment at any time with or without notice or cause, for any or no reason, and that no agreement to the contrary will be recognized by CJK Group unless made in writing and signed by the Company's President & CEO. I also understand that nothing in this Application or any of the Company's practices, policies or procedures in any way creates an express or implied contract of employment or warranty of any benefits. I further understand that satisfactory completion of my provisional period will not change my status as an at-will employee, and that CJK Group reserves the right, at its sole discretion, to change any of the terms or conditions of my employment, written or unwritten, without prior notice and that none of such terms or conditions of my employment are contractual in nature or binding on CJK Group.
  - d. I understand that none of CJK Group's practices or policies are to be construed as imposing any binding obligations on CJK Group, and that they are subject to change or deletion at any time in CJK Group's sole discretion.
  - e. I acknowledge and agree that if at any time I am subjected to any type of discrimination or harassment, I will contact a manager, the Human Resources department, or the CJK Compliance Officer immediately to obtain assistance in the resolution of those matters.
  
3. I should not resign my current employment until I have received a formal offer of employment, in writing, signed by CJK Group's company employment representative.

I have read this Employment Application and its attachments and I fully understand its contents. By my signature below, I hereby certify that I have answered all questions fully, have provided truthful and accurate answers to all questions, and have not omitted any information called for in the application. I further agree that I am seeking employment with CJK Group under the terms and conditions described in this Employment Application and its attachments.

\_\_\_\_\_

Date

\_\_\_\_\_

Signature of Applicant



## REFERENCE RELEASE FORM

I, \_\_\_\_\_, having filed an application to work

as an \_\_\_\_\_ (Position Sought) at CJK Group (the "Company") do hereby authorize the Company to seek from school officials, doctors, previous employers, and other persons, firms or institutions, and further authorize the persons, firms or institutions contacted by the Company to release to it, any and all information in their knowledge or possession pertaining to my employment history or my qualifications and ability to work at the above-named job, including but not limited to information and opinions pertaining to the nature of my former jobs and job duties, how I performed those duties, my salary history, my attendance record, my character, my academic record, my physical ability to work and any performance, behavior, attitude or other problems or good points perceived by them. Further, I authorize the Company to seek from any and all law enforcement agencies having information concerning me any information maintained by that agency, including but not limited to the results of and reports concerning any investigations, and any and all documents, test results, or information of any type obtained from any source during the course of such investigations, other than records relating solely to charges that have been sealed or expunged. I also authorize said law enforcement agencies to release this information to the Company. I release, promise to hold harmless and covenant not to sue the Company and its employees and agents on the basis of its attempts to obtain, and its receipt and use of, any of the foregoing information, and I further release, promise to hold harmless and covenant not to sue any persons, firms, institutions or agencies providing such information to the Company on the basis of their disclosures, regardless of whether those disclosures adversely affect my opportunities for employment or otherwise cause me harm.

I have signed this release voluntarily and of my own free will.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness signature

\_\_\_\_\_  
Date