



**J.B. DOLLAR STRETCHER
MAGAZINE**

EMPLOYMENT APPLICATION

Internal Use Only
 Office Where Position is Located: _____
 Date of Interview: _____

Name (First, Middle Initial, Last)		Social Security No.		Date of Application
Address (Number, Street)		City	State	Zip Code
Home Phone (with area code)	Cell Phone (with area code)	Email Address		
Position(s) Applying For (please circle one):				
Sales	Administration	Collections	Human Resources	Production
How Did You Learn About Us? (please circle one)				
Advertisement? If yes, specify _____		Walk-In	Employment Agency	
Referral? If yes, specify _____		Other: _____		
Are you legally eligible for employment in the USA? If yes, verification will be required				Yes No
If you are under 18 years of age, can you provide required proof of your eligibility to work?				Yes No
Have you ever been employed with us before?		Yes No	If yes, give date & position held:	
Are you currently employed?		Yes No		
May we contact your present employer?		Yes No	If no, please give reason why:	
On what date would you be available for work? _____				
Are you available to work: Full-Time Part-Time Temporary				
Are you currently on "lay-off" status & subject to recall?:		Yes No		
Do you have a dependable means of transportation to & from work?:		Yes No		
Have you ever been convicted of a felony or misdemeanor?		Yes No		
If yes, please explain (A criminal record does not constitute an automatic bar to employment and will be considered only as it substantially relates to the job position in question.): _____				

Education

	Yrs. Completed	Field of Study	Graduate or Degree?
High School: _____			
College/University: _____			
Business/Technical: _____			
Other: _____			

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

Employment Experience (all spaces are required to be filled in)

Current or Most Recent Position:	Dates of Employment:	to
Employer Name & Address:	Type of Business:	
Supervisor Name & Phone No.:	Email:	
Description of duties, responsibilities & equipment operated:		
What would your Supervisor say about you?		
Final Salary:	Reason for Leaving:	

Current or Most Recent Position:	Dates of Employment:	to
Employer Name & Address:	Type of Business:	
Supervisor Name & Phone No.:	Email:	
Description of duties, responsibilities & equipment operated:		
What would your supervisor say about you?		
Final Salary:	Reason for Leaving:	

Current or Most Recent Position:	Dates of Employment:	to
Employer Name & Address:	Type of Business:	
Supervisor Name & Phone No.:	Email:	
Description of duties, responsibilities & equipment operated:		
What would your Supervisor say about you?		
Final Salary:	Reason for Leaving:	

References (Please list three persons, other than relatives or personal friends, who have knowledge of your work experience and/or education.)

Name/Title	Address	Phone No.	Email

Applicant's Statement

I certify that answers given herein are true, complete to the best of my knowledge, & hereby authorize investigation of all statements contained in this application and on my resume, if provided.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand & acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application, resume or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules & regulations of the employer.

Signature of Applicant

Date

CONFIDENTIAL
JB Dollar Stretcher Magazine
Background Check Authorization

Print Name: _____
(First) (Middle) (Last)

Former Name(s) and Dates Used: _____

Current Address Since: _____
(Mo/Yr) (Street) (City) (Zip/State)

Previous Address From: _____
(Mo/Yr) (Street) (City) (Zip/State)

Previous Address From: _____
(Mo/Yr) (Street) (City) (Zip/State)

Social Security Number: _____

Telephone Number: _____

Drivers License Number/State: _____

The information contained in this application is correct to the best of my knowledge. I hereby authorize JB Dollar Stretcher Magazine to conduct a comprehensive review of my background to be generated for employment and/or volunteer purposes. I understand that the scope of the consumer report/ investigative consumer report may include, but is not limited to the following areas: verification of social security number; current and previous residences; employment history, education background, character references; drug testing, civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; driving records, birth records, and any other public records.

I further authorize any individual, company, firm, corporation, or public agency (including the Social Security Administration and law enforcement agencies) to divulge any and all information, verbal or written, pertaining to me, to JB Dollar Stretcher Magazine. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources.

I hereby release JB Dollar Stretcher Magazine, the Social Security Administration, and its agents, officials, representative, including officers, employees, or related personnel both individually and collectively, from any and all liability for damages of whatever kind, which may, at any time, result to me, because of compliance with this authorization and request to release.

Signature: _____ Date: _____