Application For Employment

PLEASE PRINT

J&S Electronic Business Systems, Inc. 878 Jefferson Street Burlington, Iowa 52601 319-752-5603

Equal access to programs, services and employment available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify the Human Resourse dept. Position(s) applied for: Date of Application: Name: (First) (Middle) Address: DOB: (Street) (City) (State) (Zip) Telephone: (Cell Phone: (SSN: If you are under 18, and it is required, can you furnish a work permint? No If no, please explain. Have you ever been employed here before? No Are you legally eligible for employment in this country? Yes No Date available for work? Type of employment desired? Part-time Seasonal Are you able to meet the attendance requirements of the position? Yes No Have you been convicted of a crime in the last seven (7) years? Yes No If yes, please explain: (CONVICTION WILL NOT NECESSARILY BE A BAR TO EMPLOYMENT. EACH INSTANCE AND EXPLANATION WILL BE CONSIDERED IN RELATION TO THE POSITION FOR WHICH YOU ARE APPLYING.) Drivers license number if driving is an essential job function: State: **Employment History** Provide the following information for your past four (4) employers, assignments or volunteer activities, starting with the most recent. From Employer #1: Job Title Immediate Supervisor & Title Summarize the nature of work performed & job responsibilities Reason for leaving Hourly Rate/Salary Employer #2: From To Job Title Immediate Supervisor & Title Summarize the nature of work performed & job responsibilities Reason for leaving Hourly Rate/Salary Employer #3: From To mmediate Supervisor & Title Summarize the nature of work performed & job responsibilities Reason for leaving Hourly Rate/Salary Start \$

From	To	Employer #4:	4.50 00000			Telephone:		
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Job Title	Job Title Address:							
Immediate Super	visor & Title	Summarize the nature of work performed & job responsibilities						
Reason for leaving Hourly Rate/Salary Start \$ Per Final \$ Per								
Skills & Qualifications								
Summarize any training, skills, licenses, and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying.								
Education Background (If job-related)								
Name and Loc		cation	Years Completed	Did you Graduate?		Co	Course of Study	
College			Major	Degree				
Other								
References								
Name				Telephone		Years Known		
I understand that if I am employed, and misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate discharge from the employer's service, whenever it is discovered.								
I give the employer the right to contact and obtain information from all references, employers, educational institutions and to otherwise verify the accuracy of the information contained in this application. I hereby release from liability the employer and its representatives for seeking, gathering and using such information and all other persons, corporations or organizations for furnishing such information.								
The employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis by local, state or federal law.								
This application is current for only 60 days. At the conclusion of this time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to fill out a new application								
If I am hired, I understand that I am free to resign at any time with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definate duration. I understand that no representative of the employer, other than an authorized officer, has the authority to make any assurances to the contrary. I further understand that any such assurances must be in writing and signed by an authorized officer.								
I understand it is this company's policy not to refuse to hire a qualified individual with a disability because of that person's need for a reasonable accommodation as required by the ADA.								
I also understand that if I am hired, I will be required to provide proof of identity and legal work authorization.								
I present and warrant that I have read and fully undrestand the foregoing and seek employment under these conditions.								
Signature	of Applicant				Date:			