

APPLICANT INFO

Name: _____
Address: _____
City: _____ State: _____ ZIP: _____
Phone: _____ Email: _____
SSN: _____
Are you a Veteran? Y / N
Are you legally eligible to work in the U.S.? Y / N
Have you ever worked for JC Inc.? Y / N
If so, when? _____
Position Applying For: _____
Wage Expectancy: _____

WORK AVAILABILITY

No Preference
What days? (select days) M T W TH F
Desired hours weekly? _____
Availability: (select one)
Full Time Part Time Seasonal / Temporary
Date Available: _____
Have you ever been convicted of, entered a plea of guilty, no contest, or had a withheld judgment to a felony?
If yes, please explain: _____

EDUCATION

High School: _____
Location: _____ Graduated? Y / N
Degree _____
College: _____
Location: _____ Graduated? Y / N
Degree _____
Other: _____
Location: _____ Graduated? Y / N
Degree _____

REFERENCES List 3 business / professional references.

Full Name: _____
1. Company: _____ Phone: _____
Relationship: _____
Full Name: _____
2. Company: _____ Phone: _____
Relationship: _____
Full Name: _____
3. Company: _____ Phone: _____
Relationship: _____

PREVIOUS EMPLOYMENT

1. Company: _____
Address: _____
Phone: _____ Supervisor: _____
Job Title: _____
From: _____ To: _____
Wage: _____
Responsibilities: _____
Reason for leaving: _____
May we contact your previous supervisor? Y / N

2. Company: _____
Address: _____
Phone: _____ Supervisor: _____
Job Title: _____
From: _____ To: _____
Wages: _____
Responsibilities: _____
Reason for leaving: _____
May we contact your previous supervisor? Y / N

3. Company: _____
Address: _____
Phone: _____ Supervisor: _____
Job Title: _____
From: _____ To: _____
Wage: _____
Responsibilities: _____
Reason for leaving: _____
May we contact your previous supervisor? Y / N

DISCLAIMER / SIGNATURE

If necessary for employment, you may be required to supply your birth certificate or other proof of authorization to work in the United States, have a physical examination and/or drug test, to sign a conflict of interest agreement and abide by its terms.

If this application leads to employment, I understand that false or misleading information in my application, resume or obtained during interview will result in my release if hired or rejection of this application. I certify that my answers are true and complete to the best of my knowledge.

Jewel-Craft Inc. is an Equal Opportunity Employer*

X _____
SIGNATURE



INFO REQUIRED FOR BACKGROUND INVESTIGATION

Name: _____
LAST FIRST M.I.

SSN: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Email: _____

Driver's License #: _____ State Issued: _____

List additional states/counties of residence, for the previous 7 years:

COUNTY	STATE	COUNTY	STATE	COUNTY	STATE

Date of Birth: _____ (FOR IDENTIFICATION PURPOSES ONLY)

My prospective employer understands that age is a protected characteristic and that any age-related information requested will not be used as the basis for any employment decision.

DISCLAIMER / SIGNATURE

In conjunction with my application for new or continuing employment (including contract and/or volunteer services) with you, I understand that you intend to hire Selection Management Systems, Inc. ("SMS") to obtain Consumer Reports and/or Investigative Consumer Reports about me as defined in the federal Fair Credit Reporting Act ("FCRA"). These reports may include information concerning my academic background, character, credentials, credit capacity, credit standing, credit-worthiness, general reputation, mode of living, personal characteristics, reasons for work termination, work experience, work habits and/or work performance. You may also seek information concerning my civil litigation history, criminal record, educational background, employment history, motor vehicle record, and/or worker's compensation history.

I understand that you may rely on the information contained in these reports in determining whether to extend an offer of employment to me or maintain my employment with you. I also understand that you may run reports about me at least once every two years. If you contemplate making an adverse employment related decision that will affect me based, in whole or in part, upon a report obtained from SMS, I will receive a copy and a written summary of my Consumer Rights under the FCRA before you finalize the decision.

I have read the above disclosure and I hereby authorize you, SMS or its authorized agents to obtain the above-referenced information about me. I also authorize all agencies, bureaus, employers, information service organizations and individuals to provide any of the above-referenced knowledge or information they have concerning me. This authorization shall remain on file and be valid for the duration of my employment with you. It shall serve as an ongoing authorization for you to obtain Reports about me from SMS. A photocopy or facsimile of this authorization shall be as valid as the original. I agree that any and all disputes arising from any report shall be brought only in the state or federal court in Boone County, Kentucky and shall be governed by, and construed in accordance with, the laws of the State of Kentucky.

X _____
SIGNATURE

DATE: _____

NOTICE TO APPLICANTS LIVING IN CA, MN, NY, OK:

By checking this box, I request to receive a free copy of any Consumer Report ordered about me.
 Email: _____
(By providing my email address, I authorize SMS to deliver my reports via email.)

NOTICE TO CALIFORNIA RESIDENTS:

As the applicant, under California Civil Code Section 1786.22, you may view the file maintained on you by SMS during normal business hours. You may also obtain a copy of this file, either in person or by mail, by submitting proper identification and paying the costs of duplication services. You may also receive a summary of the file by telephone by being able to provide adequate identification to allow SMS to determine with reasonable certainty that you are the subject of the Report. SMS is required to have personnel available to explain your file to you and must explain to you any coded information appearing in your file. If you appear in person, another person of your choice may accompany you, provided that this additional person also furnishes proper identification. The SMS Privacy Policy can be viewed at www.SelectionManagementSystems.com/Privacy-Policy/.

IF FAXING / EMAILING REQUEST:

THIS SECTION MUST BE COMPLETED FOR PROCESSING

Customer #: _____

Location/Store #: _____

Date Submitted: _____

Contact Person: _____

Phone: _____

Position Applied For: _____

Info Requested: _____

Combined Report: _____

Individual Reports: _____

Criminal Convictions - County(s)/State(s): _____

Other: _____