



APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

jeb's Holding Inc.
5403 Shady Ave.
Lowville, NY 13367

PERSONAL INFORMATION

Name: _____ Maiden Name: _____ ☐ Check here if you are 18 or over.
LAST FIRST

Present Address: _____

City: _____ State: _____ Zip Code: _____

Permanent Address (if different): _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Cell: _____ Email: _____

Referred by: _____

EMPLOYMENT DESIRED

Position: _____ Salary desired: \$ _____

Date available to start: _____ Hrs/Days Available: _____

Are you currently employed? ☐ Yes ☐ No If so, may we inquire of your present employer? ☐ Yes ☐ No

If yes, phone number and supervisor's name: _____

Have you ever been fired or quit in lieu of being fired? ☐ Yes ☐ No

If yes, explain circumstances: _____

EDUCATION

NAME AND LOCATION OF SCHOOL	YRS ATTENDED	DID YOU GRADUATE	SUBJECTS STUDIED/TRAINING/CERTIFICATIONS
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ELEMENTARY SCHOOL

_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
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HIGH SCHOOL

_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
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COLLEGE

_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
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TRADE, BUSINESS, GED

_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
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FORMER / CURRENT EMPLOYERS

EMPLOYER: _____ PHONE: _____

ADDRESS: _____

EMPLOYED (MONTH/YR): From: _____ / _____ To: _____ / _____

POSITION: _____ SALARY: \$ _____

REASON FOR LEAVING: _____

EMPLOYER: _____ PHONE: _____

ADDRESS: _____

EMPLOYED (MONTH/YR): From: _____ / _____ To: _____ / _____

POSITION: _____ SALARY: \$ _____

REASON FOR LEAVING: _____

EMPLOYER: _____ PHONE: _____

ADDRESS: _____

EMPLOYED (MONTH/YR): From: _____ / _____ To: _____ / _____

POSITION: _____ SALARY: \$ _____

REASON FOR LEAVING: _____

EMPLOYER: _____ PHONE: _____

ADDRESS: _____

EMPLOYED (MONTH/YR): From: _____ / _____ To: _____ / _____

POSITION: _____ SALARY: \$ _____

REASON FOR LEAVING: _____

EMPLOYER: _____ PHONE: _____

ADDRESS: _____

EMPLOYED (MONTH/YR): From: _____ / _____ To: _____ / _____

POSITION: _____ SALARY: \$ _____

REASON FOR LEAVING: _____

EMPLOYER: _____ PHONE: _____

ADDRESS: _____

EMPLOYED (MONTH/YR): From: _____ / _____ To: _____ / _____

POSITION: _____ SALARY: \$ _____

REASON FOR LEAVING: _____

REFERENCES 3 REQUIRED - NOT RELATED TO APPLICANT

NAME: _____ PHONE: _____

ADDRESS: _____ RELATIONSHIP: _____ YRS KNOWN: _____

NAME: _____ PHONE: _____

ADDRESS: _____ RELATIONSHIP: _____ YRS KNOWN: _____

NAME: _____ PHONE: _____

ADDRESS: _____ 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 damages that may result from utilization of such information.

SIGNATURE: _____

DATE: _____