



APPLICATION FOR EMPLOYMENT

WE ARE AN EQUAL OPPORTUNITY EMPLOYER. Applicants are considered for positions and are evaluated without regard to mental or physical disability, race, color, religion, gender, national origin, age, genetic information, military or veteran status, sexual orientation, marital status, citizenship, union membership, creed, familial status, status with regards to public assistance, and memberships in local human rights commission or any other protected Federal, State or Local status unrelated to the performance of the work involved.

(Please Print)

Position(s) Applying For	Date of Application
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How Did You Learn About Us? (Please check one and note the source.)

<input type="checkbox"/> Advertisement _____	<input type="checkbox"/> Online _____
<input type="checkbox"/> Friend/Relative _____	<input type="checkbox"/> Other _____

Last Name	First Name	Middle Name		
Address	Street	City	State	Zip
Telephone Number(s)	Email			

Are you 18 years old or older?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Are you 19 years old or older? (Must be 19 years or older to drive company vehicles.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Do you have a current, valid driver's license?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If yes, have you had 1 major violation or 2 or more minor violations/at fault accidents in the past 3 years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Have you ever filed an application with us before?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If Yes, give date _____			
Have you ever been employed with us before?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If Yes, give date _____			
Do any of your friends or relatives work here?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If yes, state name, relationship and location _____			
Are you currently employed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
May we contact your present employer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Are you legally authorized to work in the United States?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Will you now or in the future require sponsorship for employment visa status (i.e. H-1B visa status)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Date available for work ____/____/____	What is your desired salary range? _____		
Are you available to work:			
<input type="checkbox"/> Full Time (Please indicate shift preference):	_____ AM	_____ PM	_____ Overnights
<input type="checkbox"/> Part Time (Please indicate shift preference):	_____ AM	_____ PM	_____ Overnights
Can you travel if the job requires it?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Education	Name and Address of School	Course of Study	Years Completed	Diploma / Degree
High School				
Undergraduate College				
Graduate / Professional				
Other (Specify)				

WORK EXPERIENCE (Do not write "See Resume")

Please list your work history, including the military, starting with your most recent employer.

Employer	Dates Employed	Work Performed
Address	From To	
Telephone Number(s)		
Starting/Present Job Title	Hourly Rate/Salary	
Supervisor	Starting Final	
Reason for Leaving		May we Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer	Dates Employed	Work Performed
Address	From To	
Telephone Number(s)		
Starting/Present Job Title	Hourly Rate/Salary	
Supervisor	Starting Final	
Reason for Leaving		May we Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer	Dates Employed	Work Performed
Address	From To	
Telephone Number(s)		
Starting/Present Job Title	Hourly Rate/Salary	
Supervisor	Starting Final	
Reason for Leaving		May we Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer	Dates Employed	Work Performed
Address	From To	
Telephone Number(s)		
Starting/Present Job Title	Hourly Rate/Salary	
Supervisor	Starting Final	
Reason for Leaving		May we Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.

Describe any job-related training received in the United States military.

List professional, trade, business or civic activities and offices held.

You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.

ADDITIONAL INFORMATION

Other Qualifications *Summarize special job-related skills and qualifications acquired from employment or other experience.*

SPECIALIZED SKILLS (Skills/Equipment Operated)

State any additional information you feel may be helpful to us in considering your application.

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accomodation, the activities involved in the job or occupation for which you have applied? A review of the activities involved in such a job or occupation has been given. Yes No

PERSONAL/PROFESSIONAL REFERENCES *Do not include family members or relatives.*

Name	Phone Number	Email	Occupation
1.			
2.			
3.			

APPLICANT'S STATEMENT

I certify that the answers given herein are true and complete.

I authorize an investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered 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 and 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 or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

I authorize J and J Holmes, Inc. to investigate my current or previous employment and academic experience/qualifications. This information may include, but is not limited to, academic, achievement, performance, attendance, and disciplinary records. I hereby request you to release such information upon the request of J and J Holmes, Inc. I understand that the information released is for official use by J and J Holmes, Inc.

I hereby release any individual, employer, or institution, including record custodians, from any and all liability for damages of whatever kind or nature which may at any time result to me on account of compliance, or any attempts to comply with this authorization.

Printed Name of Applicant

Signature of Applicant

Date

J and J Holmes

8365 Brandon Road • Baxter, MN 56425 • Phone: 218-828-0083

2137 Troop Drive • Sartell, MN 56377 • Phone: 320.230.2708

www.jandjholmes.com • info@jandjholmes.com