

JSM Installation, LLC  
**Application For Employment**



Personal Information

Date: \_\_\_\_\_  
 First: \_\_\_\_\_ Last: \_\_\_\_\_ Middle: \_\_\_\_\_  
 Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Are you over 18? \_\_\_\_\_ Were you referred by anyone in the company? \_\_\_\_\_

Employment Desired

What position are you applying for? \_\_\_\_\_ I am interested in  Full Time  Part Time  Summer Only  
 Available to start: \_\_\_\_\_ Salary desired: \_\_\_\_\_ Currently employed:  Yes  No May we contact your current employer?  Yes  No

Education

	Name & Address of Highschool	Highest Grade Completed	Graduated	Major Subjects	Avg.
High School			Yes No		
College			Yes No		
Other Schools Attended			Yes No		

Specialized Training Or Classes Relevant To The Job

Title of Program/Courses	Company/School	Dates Attended	# Of Credits Earned	Diploma/Certificate Recieved?

General Information

Have you ever applied to this company before?  Yes  No Do you have a driver's license?  Yes  No  
 If so, do you have a driving record with less than 2 points?  Yes  No Have you ever been arrested or convicted of a felony?  Yes  No

Provide details:

How did you learn of employment opportunities at this company?  Referred by staff member  Newspaper  or Other

## Work Experience

List below, beginning with your most recent position, all your work experience, including military service and all volunteer activities. Attach additional 8.5x11 sheets of paper if necessary. If your title and duties changed in the course of your service in any one organization, indicate such changes clearly and as separate employment. Please do not submit a resume in lieu of completing this portion of the application. Be sure that the information included in this section demonstrates that you meet the experience qualifications for the job for which you are applying.

<b>Job 1</b> (Current or most recent)		
Name Of Employer	Employer's Address (Street, City, State, Zip Code)	
Type Of Business	Supervisor's Name, Title and Phone Number	
Your Job Title	Do You Supervise Other Employees	Job Titles Of Those You Supervise
	Yes <input type="checkbox"/> No <input type="checkbox"/> How Many?	
Dates Of Employment (From Month/Day/Year to Month/Day/Year)	Is Your Position Considered Full Time?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	How Many Hours Per Week?	
Job Duties		
Reason For Leaving:		

<b>Job 2</b>		
Name Of Employer	Employer's Address (Street, City, State, Zip Code)	
Type Of Business	Supervisor's Name, Title and Phone Number	
Your Job Title	Do You Supervise Other Employees	Job Titles Of Those You Supervise
	Yes <input type="checkbox"/> No <input type="checkbox"/> How Many?	
Dates Of Employment (From Month/Day/Year to Month/Day/Year)	Is Your Position Considered Full Time?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	How Many Hours Per Week?	
Job Duties		
Reason For Leaving:		

## Work Experience Continued

<b>Job 3</b>		
Name Of Employer	Employer's Address (Street, City, State, Zip Code)	
Type Of Business	Supervisor's Name, Title and Phone Number	
Your Job Title	Do You Supervise Other Employees Yes <input type="checkbox"/> No <input type="checkbox"/> How Many?	Job Titles Of Those You Supervise
Dates Of Employment (From Month/Day/Year to Month/Day/Year)	Is Your Position Considered Full Time?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	How Many Hours Per Week?	
Job Duties		
Reason For Leaving:		

<b>Job 4</b>		
Name Of Employer	Employer's Address (Street, City, State, Zip Code)	
Type Of Business	Supervisor's Name, Title and Phone Number	
Your Job Title	Do You Supervise Other Employees Yes <input type="checkbox"/> No <input type="checkbox"/> How Many?	Job Titles Of Those You Supervise
Dates Of Employment (From Month/Day/Year to Month/Day/Year)	Is Your Position Considered Full Time?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	How Many Hours Per Week?	
Job Duties		
Reason For Leaving:		

## References

List four professional references we may contact. Give complete names, telephone numbers and addresses, including zip codes.

Name	Address	Telephone		How do they know you?	Years known
		Home	Cell		

Please Read Each Of The Following Paragraphs Carefully Before Signing This Application

1. I hereby affirm that this application contains no willful misrepresentation or falsifications and that this information given by me is true and complete to the best of my knowledge and belief. I am aware that should investigation at any time disclose any misrepresentation or falsification, my application will be disapproved, my name removed from the eligible list and that I will not be certified for employment in any position.
2. I understand that any misrepresentation or omission of fact in this application will constitute sufficient reason for terminating my candidacy, or, if employed, for my immediate dismissal.
3. As a condition of my employment, if requested, I agree to submit to testing to determine if I use illegal controlled substances (drug testing). Furthermore, I understand that, if I am employed, I may be asked to undergo additional drug testing and I hereby agree to do so. All drug testing shall be done at the expense of the company.
4. I authorize the organizations and persons named by me in this application to provide any information they may have about me to JSM Installation, LLC. I understand that the company will conduct a criminal background investigation on me prior to extending an offer of employment.
5. Many jobs within the company require driving company vehicles. I understand that if, for any reason, I am not insurable under the company's automobile insurance policy, my candidacy or employment may be terminated.
6. UNDER MARYLAND LAW, AN EMPLOYER MAY NOT REQUIRE OR DEMAND, AS A CONDITION OF EMPLOYMENT, PROSPECTIVE EMPLOYMENT, OR CONTINUED EMPLOYMENT, THAT AN INDIVIDUAL SUBMIT TO OR TAKE A LIE DETECTOR OR SIMILAR TEST. AN EMPLOYER WHO VIOLATES THIS LAW IS GUILTY OF A MISDEMEANOR AND SUBJECT TO A FINE NOT EXCEEDING \$100.

I have read, understand, and agree to all of the above provisions.

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Signature

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Date