



JONZY MARKET/LAKE SERVICES UNLIMITED

EMPLOYMENT APPLICATION

- ✓ Please print legibly; attach additional sheets to clarify as necessary.
- ✓ Help needed to complete application is available upon request.

Name: _____ Last First MI	SSN: _____	Date: _____
Address: _____ Street Apt. No. City State ZIP		
Home Telephone: () _____	Daytime Telephone: () _____	
E-mail: _____	Check if under age 18 <input type="checkbox"/>	
Position Applying for: _____		Date Available: _____
Pay Expected: _____	Available: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary	
Legally Eligible to Work In U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No	Alien Registration Number: _____	
Previously Employed by Jonzy Market or LSU? <input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, name and location of entity and dates worked: _____	

EDUCATION AND FORMAL TRAINING

School	Name of School City, State	Course of Study	Check Last Year Completed	Graduated?	Diploma, Degree, or Certificate Received?
High School			1 2 3 4 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College			1 2 3 4 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other (Specify)			1 2 3 4 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other education, skills, licenses, professional registrations, or qualifications: _____					

Days/Hours available to work: Times: _____ Mon _____ Friday _____ Tue _____ Sat _____ Wed _____ Sun _____ Thur _____ No Pref	How many hours can you work weekly? _____ Can you work nights/weekends? _____
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EMPLOYMENT HISTORY – THIS SECTION MUST BE ENTIRELY COMPLETED.

Below, list ALL paid or unpaid work experience for the past 15 years, beginning with the most current or most recent job. Include military experience. Describe each job separately, emphasizing your specific duties and responsibilities including management, supervisory, or other leadership roles. Explain significant breaks in your work experience. If more space is required, attach additional sheets.

Employer:		Dates (mm/dd/yy): From: _____ To: _____	
Address:		<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time
Position Held:		May we contact employer? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Reason for Separation:			
Supervisor's Name:		Telephone Number:	
Starting Pay: \$ _____	<input type="checkbox"/> Hourly <input type="checkbox"/> Annually	Ending Pay: \$ _____	<input type="checkbox"/> Hourly <input type="checkbox"/> Annually
Duties/Responsibilities:			

Employer:		Dates (mm/dd/yy): From: _____ To: _____	
Address:		<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time
Position Held:		May we contact employer? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Reason for Separation:			
Supervisor's Name:		Telephone Number:	
Starting Pay: \$ _____	<input type="checkbox"/> Hourly <input type="checkbox"/> Annually	Ending Pay: \$ _____	<input type="checkbox"/> Hourly <input type="checkbox"/> Annually
Duties/Responsibilities:			

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Reason for Separation:			
Supervisor's Name:		Telephone Number:	
Starting Pay: \$ _____	<input type="checkbox"/> Hourly <input type="checkbox"/> Annually	Ending Pay: \$ _____	<input type="checkbox"/> Hourly <input type="checkbox"/> Annually
Duties/Responsibilities:			

HEALTH:

Do you require medications?
Are you currently seeking health treatments?
Do you have allergies?

DRIVER'S LICENSE REQUIREMENTS

Some positions require a valid driver's license.

Driver's License Number:	State of Issue:	Date of Birth:
Has your driver's license ever been suspended or revoked for any reason? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain when, where, and why:	

CONVICTIONS/CRIMINAL HISTORY/BACKGROUND CHECKS

Have you ever been convicted of any violation of the law, other than for minor traffic violations? (A DWI/DUI must be listed.)
 No Yes If "Yes", Please explain below.
(Disclosing information about convictions will not result in automatic disqualification for consideration for employment.)

List three references (other than relatives) that have knowledge of your work experience and abilities:	
Name:	Phone ()
Name:	Phone ()
Name:	Phone ()

TO BE READ AND SIGNED BY APPLICANT

I authorize you to make such investigations and inquires of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decisions. (Generally inquires regarding medical history will be make only if and after a conditional offer of employment have been extended.)

I hereby release employers, schools, health care providers and other persons from all liability in responding to inquires and releasing information in connections with my application. In the event of employment, I understand that false or misleading information given in my application or interviews may result in discharge.

I understand, also, that I am required to abide by all rules and regulations of the Company.

I understand that information I provide regarding current and/or previous employers may be used, and those employers will be contacted, for the purpose of investigation my safely performance history as required by 49 CFR 391.23 (d) and (e).

I understand I have the right to:

- *Review information provided by the previous employers
- *Have errors in the information corrected by pervious employers and for those pervious employers to re-send the corrected information to the prospective employer
- *Have a rebuttal statement attached to the alleged erroneous information, if the previous employer (s) and I cannot agree on the accuracy of the information.

Signature: _____ Date: _____

Do you currently have relatives or friends working for Jonzy Market or Lake Services Unlimited Yes No
If "Yes," Company: _____ Relationship: _____ Work Location: _____
Would you agree to pre-hiring and random drug testing? Yes No

How did you learn of this position? Newspaper Advertisement Website Job Hotline Friend
 Employee: _____ Walk-in Other: _____
(Please provide name) (Please specify)

Signature: _____	Date: _____
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