

# EMPLOYMENT APPLICATION

Please PRINT all information requested, sign all Releases and the Application. Complete this Application in full. Resumes may be attached but *not* as a substitute. Only applications that are complete, legible, and signed will be considered. Applicants and/or employees may be tested for illegal drug use.

PERSONAL DATA				
Date: _____		Position Applying For: _____		Wage Desired: _____
Employment Desired: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary			Date available for work: _____	
Name: _____				
Last	First	Middle	Maiden	
Present address: _____				
Number	Street	City	State	Zip
Home Phone (____) _____	Cell or Pager (____) _____	E-mail address _____		
Social Security No.: _____ - _____ - _____		If over 18, can you provide proof of age? <input type="checkbox"/> Yes <input type="checkbox"/> No		
How did you find out about JTSI/this position? _____				
Do you know anyone currently or previously working for JTSI? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, who? _____				
Are you legally authorized to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No		State of Residency: _____		
Do you currently have a government security clearance? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, list type: _____		
Are you able to travel if the position requires? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Days/hours available to work: Can you work nights? <input type="checkbox"/> Yes <input type="checkbox"/> No Can you work weekends? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Are you available all days and all shifts? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, list hours available each day:				
Monday _____ to _____	Tuesday _____ to _____	Wednesday _____ to _____		
Thursday _____ to _____	Friday _____ to _____	Saturday _____ to _____		
Sunday _____ to _____				
Have you ever been discharged from employment or asked to resign? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain: _____				

MILITARY	
Have you ever been in the US Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No	Branch of Service _____
Date Entered _____	Date Discharged _____ Discharge Type _____ MOS _____

EDUCATION				
Type of School	Full Name of School	Location (City, State, Country)	Number of Years Completed	Major & Degree
High School				
College				
Business or Trade School				
Professional School				
Professional Certification				
Professional License				
Languages Spoken				



JTSI Inc EMPLOYMENT APPLICATION (Page Two)

PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE

OFFICE SKILLS

Typing  Yes  No WPM \_\_\_\_\_ 10-Key Calculator  Yes  No Personal Computer  Yes  No

Are you proficient in Microsoft Office?  Yes  No Are you proficient in Excel?  Yes  No

Rate your overall computer skills (circle one): Excellent Good Fair Learning

List computer software with which you are familiar:

\_\_\_\_\_

\_\_\_\_\_

Tell Us About Yourself and Your Qualifications

This space is provided for you to list additional information describing your experience and full qualifications for the position for which you are applying. You may also include any explanations you feel would be helpful in understanding other issues in your application.

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Provide two character references other than relatives or previous employers.

Name \_\_\_\_\_

Position \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_

Relationship to You: \_\_\_\_\_

Years they have known you: \_\_\_\_\_

Name \_\_\_\_\_

Position \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_

Relationship to You: \_\_\_\_\_

Years they have known you: \_\_\_\_\_



**JTSI Inc EMPLOYMENT APPLICATION (Page Three)**

**PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE**

**EMPLOYMENT HISTORY** List your work experience for the past ten (10) years beginning with your most recent job. Include periods of self-employment (you may be asked to provide documents to verify self-employment). Include periods of six months or longer in which you were not working and state the reason(s) why.

<b>Name of Employer / Company</b> _____ Address: _____ City: _____ State: _____ Zip: _____	Supervisor Name: _____ Phone Number: (____) _____	Employment Dates: From ___/___/___ To ___/___/___	Pay or Salary: Start _____ Final _____
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Your Job Title: _____	Reason for Leaving: _____
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List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

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\_\_\_\_\_

<b>Name of Employer / Company</b> _____ Address: _____ City: _____ State: _____ Zip: _____	Supervisor Name: _____ Phone Number: (____) _____	Employment Dates: From ___/___/___ To ___/___/___	Pay or Salary: Start _____ Final _____
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Your Job Title: _____	Reason for Leaving: _____
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List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

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<b>Name of Employer / Company</b> _____ Address: _____ City: _____ State: _____ Zip: _____	Supervisor Name: _____ Phone Number: (____) _____	Employment Dates: From ___/___/___ To ___/___/___	Pay or Salary: Start _____ Final _____
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Your Job Title: _____	Reason for Leaving: _____
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List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

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**JTSI Inc EMPLOYMENT APPLICATION (Page Four)**

**EMPLOYMENT HISTORY (Continued)**

<b>Name of Employer / Company</b> _____ Address: _____ _____ City: _____ State: _____ Zip: _____	Supervisor Name: _____ Phone Number: (____) _____	Employment Dates: From ___/___/___ To ___/___/___	Pay or Salary: Start _____ Final _____
Your Job Title: _____		Reason for Leaving: _____	

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

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\_\_\_\_\_

<b>Name of Employer / Company</b> _____ Address: _____ _____ City: _____ State: _____ Zip: _____	Supervisor Name: _____ Phone Number: (____) _____	Employment Dates: From ___/___/___ To ___/___/___	Pay or Salary: Start _____ Final _____
Your Job Title: _____		Reason for Leaving: _____	

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

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\_\_\_\_\_

<b>Name of Employer / Company</b> _____ Address: _____ _____ City: _____ State: _____ Zip: _____	Supervisor Name: _____ Phone Number: (____) _____	Employment Dates: From ___/___/___ To ___/___/___	Pay or Salary: Start _____ Final _____
Your Job Title: _____		Reason for Leaving: _____	

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

\_\_\_\_\_

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\_\_\_\_\_



SIGNATURE PAGE - READ CAREFULLY BEFORE SIGNING

I certify all information on this application is accurate and complete to the best of my knowledge and understand that misleading, false statements, or omission of facts and/or information as requested on this application is cause for refusal to hire or termination of employment.

I understand that employment with JTSI is on an at-will basis. This means that either JTSI or I have the right to terminate the employment relationship at any time, for any reason, with or without cause, with or without notice.

I understand that neither the acceptance of this application nor the subsequent entry into any type of employment relationship with JTSI creates an actual or implied contract of employment.

I understand that if employed, JTSI has the sole discretion at any time to change or revise their benefits, policies and procedures, and that such changes may include reduction in staff and/or benefits.

I understand that the position I am applying for may require a government security clearance, and that employment is based on successfully obtaining and maintaining the appropriate level of government security clearance.

I also understand that:

- (1) JTSI has a drug- and alcohol-free workplace and policy that may provide for pre-employment testing as well as a testing program after employment;
- (2) consent to and compliance with such policy is a condition of employment; and
- (3) continued employment is based on the successful passing of testing under such policy.

I further understand that employment with JTSI shall be introductory period for six (6) months, and further that at any time during the introductory period or thereafter, the employment relationship with JTSI is terminable "at will" for any reason by either party.

I authorize investigation of all statements contained in this application or on my Resume. I authorize JTSI to investigate information concerning my education, current and previous employers, references, and all other aspects of my background relevant to my proposed employment. I release JTSI and its employees from all liability arising from such investigation. I also release any party (company, school or individual) from providing information to JTSI from all liability arising from such investigation. I further authorize JTSI to complete a government security clearance check, and if appropriate, obtain a copy of my driving record.

It is JTSI Inc's policy is to provide equal employment opportunity to all qualified persons without regard to race, color, religion, sex, age, national origin, marital status, ancestry, mental or physical disability, veteran status, sexual orientation, or any other legally protected status.

May we contact your present employer?       Yes     No

If no, state reason why: \_\_\_\_\_

Are you willing and able to undergo an extensive background check for purposes of obtaining/maintaining a government security clearance?     Yes     No

Did you complete this application yourself       Yes     No

If no, list name of person who did and their relationship to you: \_\_\_\_\_

Thank you for your interest in JTSI Inc and for completing this application form.

Signature of Applicant \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Applicant: \_\_\_\_\_ Phone: \_\_\_\_\_

