



APPLICATION FOR EMPLOYMENT

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, or non-job related disability. If you are hired by Jack's Companies you will be employed on an at-will basis. As an at-will employee, you may terminate your employment at any time and for any reason. Similarly, if you are hired, Jack's Companies will have the right to terminate your employment at any time and for any reason.

		DATE OF APPLICATION
APPLICANT INFORMATION		
NAME (FIRST, MIDDLE AND LAST)		TELEPHONE NUMBER
ADDRESS		CITY, STATE, ZIP CODE
IF HIRED, CAN YOU FURNISH PROOF YOU ARE 15 YEARS OLD? <input type="checkbox"/> YES <input type="checkbox"/> NO - Please explain _____		LOCATION INTERESTED IN (check all that apply) <input type="checkbox"/> COKATO <input type="checkbox"/> EDEN VALLEY <input type="checkbox"/> RICHMOND <input type="checkbox"/> WATKINS <input type="checkbox"/> FRENCH LAKE
POSITION(S) APPLIED FOR	DATE YOU CAN START	EXPECTED RATE OF PAY

CURRENT EMPLOYMENT				DATE	
NAME			FROM	TO	
			MO. YR.	MO. YR.	
ADDRESS			POSITION HELD		
CITY	STATE	ZIP	SALARY/WAGE		
SUPERVISOR'S NAME/CONTACT PERSON		PHONE NUMBER	ARE YOU STILL WORKING HERE?		
MAY WE CONTACT YOUR EMPLOYER?					
<input type="checkbox"/> YES <input type="checkbox"/> NO					
PRIOR EMPLOYMENT				DATE	
NAME			FROM	TO	
			MO. YR.	MO. YR.	
ADDRESS			POSITION HELD		
CITY	STATE	ZIP	SALARY/WAGE		
SUPERVISOR'S NAME/CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING		
MAY WE CONTACT YOUR EMPLOYER?					
<input type="checkbox"/> YES <input type="checkbox"/> NO					

EDUCATION	NAME AND LOCATION OF SCHOOL	# OF YEARS	DID YOU GRADUATE?	MAJOR
HIGH SCHOOL				
COLLEGE				
TRADE/OTHER				

THIS SECTION MUST BE COMPLETED BY ALL APPLICANTS	
1. Have you held jobs which required waiting on customers? 2. Do you like dealing with the public? 3. Have you had any experience at cashier work? 4. Have you had to count money in your work? 5. Have you used a cash register before? 6. Have you ever worked in a convenience store or gas station? 7. Are you available to work weekends? 8. Are you available to work holidays?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO

PLEASE INDICATE BELOW YOUR AVAILABILITY FOR EACH DAY. OUR STORE OPERATES FROM 3:30AM - 10:30PM EACH DAY, INCLUDING WEEKENDS AND HOLIDAYS.							
Day of Week	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Hours Available	<i>(ie: 4pm-10pm)</i>	<i>(ie: 8am-10pm)</i>	<i>(ie: not available)</i>	<i>(ie: not available)</i>	<i>(ie: 8am-10pm)</i>	<i>(ie: 6am-10pm)</i>	<i>(ie: 6am-10pm)</i>

REFERENCES		
REFERENCE #1	REFERENCE #2	REFERENCE #3
TELEPHONE NUMBER	TELEPHONE NUMBER	TELEPHONE NUMBER
RELATIONSHIP	RELATIONSHIP	RELATIONSHIP

ACTIVITIES
LIST ALL HOBBIES & ACTIVITIES YOU ARE CURRENTLY INVOLVED (<i>ie: SOFTBALL, SPEECH, BOWLING</i>) ALL OUR POSITIONS GENERALLY REQUIRE EVENING AND WEEKEND SHIFTS

DO YOU HAVE A LEGAL RIGHT TO WORK IN THE UNITED STATES? YES NO

HAVE YOU WORKED FOR JACK'S BEFORE? YES NO WHEN? _____

DID SOMEONE REFER YOU? WHO? _____

I CERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE. I UNDERSTAND THAT IF ANY FALSE INFORMATION, OMISSIONS OR MISREPRESENTATIONS ARE DISCOVERED, MY APPLICATION WILL BE REJECTED AND IF I AM EMPLOYED, MY EMPLOYMENT CAN BE TERMINATED AT ANY TIME.

IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE COMPANY'S RULES AND REGULATIONS, AND AGREE THAT THE COMPANY CAN TERMINATE ME WITHOUT NOTICE MY EMPLOYMENT AND COMPENSATION AT ANY TIME. IN THE EVENT THAT I RESIGN I AGREE TO GIVE MY EMPLOYER TWO (2) WEEKS' NOTICE OF TERMINATION.

APPLICANT SIGNATURE _____ DATE _____

Type Your Name to Sign