

Employment Application

This Company is an equal opportunity employer. In all our employment practices, including hiring, we are firmly committed to equal opportunity without regard to race, religion, color, sex, age, national origin, citizenship, disability or any other basis of discrimination prohibited by applicable local, state or federal law. No question on this application is used for the purpose of limiting or excluding any applicant's consideration for employment on such grounds.

PLEASE FAX THIS FORM :1-888 765 2009 OR EMAIL TO : JOBS@JUSTBOUNCEONLINE.COM

		Ар	plicant	Informa	ation			
Full Name:							Date:	
	Last	Fir	st			M.I.		
Address:	Street Address						Apartment/Unit :	#
Phone:	City			Email		State	ZIP Code	
Date Availab	ole:	_ Social Securi	ity No.:_					
Position App	olied for:							
	at weekends and/or	holidays?	NO					
Are you a cit	izen of the United St	YES ates? TES		If no, a	re you autho	orized to w	YES ork in the U.S.?	NO
Are you und	der 18 years of age?	'						
If "YES" Date	e of Birth:		NO					
Do you spea	ak Spanish(good)?	YES						
Have you ev If yes, explai	ver been convicted of in:	a felony?						
Education								
High School:	:		Addres	s:				
From:	To:			YES	NO			
Other:			Address					
From:	To:	Did you (graduate	YES	NO			
	AL INFORMATION al training or experien	ce						
Describe in d	letail your activities, h							

AVAILABILITY:

How many hours per week are you available for work? _____ (LIST TIMES BELOW)

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
FROM							
TO							
			•	•	•	•	•

	References (no	ot a family n	nember):		
Please list two profe	essional references.				
Full Name:				Relationship:	
Compony				Phone:	
Address:			<u> </u>		
Full Name:				Relationship:	
C				Phone:	
Address:					
	Previous E	mploym	ent		
Company:				Phone:	
Address:				Supervisor:	
Job Title:	Starting Salary:			Ending Salary:	
Responsibilities:					
	To:				
May we contact your	previous supervisor for a reference?	YES	NO		
Company:				Phone:	
A alaba a a .				Curaminani	
Job Title:	Starting Salary:			Ending Salary:	
Responsibilities:					
From:	To:	Reason for Leaving:			
May we contact your	previous supervisor for a reference?	YES	NO		

AGREEMENT

PLEASE READ THE FOLLOWING CAREFULLY AND SIGN IN THE SPACE PROVIDED:

I hereby certify that I have read and fully completed this application and that the facts set forth in this employment application (and accompanying resume, if any) are true and correct to the best of my knowledge, and I agree and understand that any misrepresentation or falsification of information or omission of information during the employment application process may disqualify me from further consideration for employment and, if employed, will subject me to dismissal. I further certify that I am a true and bona fide job applicant, honestly interested in working in the position(s) for which I have applied, and am seeking employment with this company solely to provide me with the benefits of a job and for no other

I understand that in connection with my application for employment an inquiry into my background may include an investigative consumer report, which provides applicable information concerning character, general reputation, personal characteristics and standard of living. I understand that I have the right to make a written request within a reasonable period of time for information as to the nature and scope of any such report. If I am denied a job based either wholly or in part because of information contained in an investigative consumer report, I will be provided the name and address of the reporting agency that supplies the information.

I acknowledge that the Company reserves the right to modify or amend its policies at any time, without prior notice. These policies do not create any promises or contractual obligations between this Company and its employees. At this Company, my employment is at will. This means I am free to terminate my employment at any time, for any reason, with or without cause, and this Company retains the same rights. I further understand and agree that the Owner/President of this Company is the only person who may make an exception to this, including the at-will status of my employment, and it must be in writing and duly executed by the Owner/President of this Company.

If applicable to my employment, I have read and understood the notice regarding polygraph tests and my rights under this state's law.

AUTHORIZATION TO RELEASE INFORMATION: I authorize the references and/or employers listed on this application to give you any and all information concerning my previous employment and pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing such information to you. I agree and understand that the Company and its agents may investigate or seek information concerning my background and/or previous employment, whether of record or not. I further agree and understand that if employed, the Company may at any time seek any information from whatever source, which in its discretion, it deems relevant to my employment.

NO DRUG USE POLICY: This Company does not	t hire persons who use illegal drugs. All persons seeking employment or					
employed with this Company may be required to tak	ce and pass a screen for illegal drugs, and may be subject to periodic tests					
	vide a urine specimen (or blood specimen as required for alcohol testing					
	pany, and further consent to have the specimen tested at a laboratory					
selected by the Company. I hereby certify that I (che	eck one) do or do not use illegal drugs.					
Signature	Date					
DISCLOSURE TO EMPLOYMENT APPLICANT REGARDING PROCUREMENT OF						
CONSUMER REPORT						

In connection with your application for employment and as part of the process of considering your candidacy as an employee, we may procure, or cause to be procured, a consumer report on you. In the event that information from the report is utilized in whole or in part in making an adverse decision with regard to your potential employment, before making the adverse decision we will provide you with a copy of the consumer report and a description in writing of your rights under the law. By your signature below, you hereby authorize us to obtain a consumer report about you in order to consider you for employment.

Print Name	Social Security Number
Applicant's Signature	DATE

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