



Or fax your application/resume  
to: 559-435-7914 or  
E-mail to:  
lhaupt@jemmanagement.com

# Application for Employment

Date of application \_\_\_\_/\_\_\_\_/\_\_\_\_



NOTICE TO APPLICANTS  
SCREENING TESTS FOR ALCOHOL  
AND ILLEGAL DRUG USE MAY BE  
REQUIRED BEFORE HIRING AND  
DURING EMPLOYMENT HERE.

## GENERAL INFORMATION

|  |  |                               |      |   |                              |     |   |     |     |     |     |     |
|--|--|-------------------------------|------|---|------------------------------|-----|---|-----|-----|-----|-----|-----|
| Name (Last)  |  | (First)                       |      |   | (Middle)                     |     |   |     |     |     |     |     |
| Home Address   |  |                               | City |   | State                        |     | Zip Code  |     |     |     |     |     |
| Home Telephone Number<br>( )   |  | Other Telephone Number<br>( ) |      |   | Cellular Phone Number<br>( ) |     |   |     |     |     |     |     |
| Position Applying For: _____   |  |                               |      |   | Day                          | Mon | Tue   | Wed | Thu | Fri | Sat | Sun |
| Date Available: ____/____/____ Are you interested in (check all that apply):   |  |                               |      |   | From                         |     |   |     |     |     |     |     |
| <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary <input type="checkbox"/> Other: _____ |  |                               |      |   | To                           |     |   |     |     |     |     |     |
| Are you willing to relocate? <input type="checkbox"/> Yes <input type="checkbox"/> No  |  |                               |      | If you are under 18 years of age, please state your date of birth: ____/____/____ |                              |     | Are you willing to travel? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>What percent: _____% |     |     |     |     |     |
| How were you referred to us?   |  |                               |      |   | E-mail Address:              |     |   |     |     |     |     |     |

## EDUCATION

| Type of School  | Name and Location of School |         |     | Degree/Area of Study | Number of Years Attended | Graduated (Check One) |    |
|-----------------|-----------------------------|---------|-----|----------------------|--------------------------|-----------------------|----|
| High School     | Name                        | Address |     |                      |                          | Yes                   | No |
|                 | City                        | State   | Zip |                      |                          |                       |    |
| College         | Name                        | Address |     |                      |                          | Yes                   | No |
|                 | City                        | State   | Zip |                      |                          |                       |    |
| Graduate School | Name                        | Address |     |                      |                          | Yes                   | No |
|                 | City                        | State   | Zip |                      |                          |                       |    |
| Other           | Name                        | Address |     |                      |                          | Yes                   | No |
|                 | City                        | State   | Zip |                      |                          |                       |    |

## U.S. MILITARY SERVICE

|                   |                          |               |
|-------------------|--------------------------|---------------|
| Branch of Service | Technical Specialization | Rank Attained |
|                   |                          |               |

## JOB-RELATED SKILLS (NOTE: Do not fill out any part of this section you believe to be non-job related).

If the job requires, do you have the appropriate valid driver's license?  Yes    No

Name on license: \_\_\_\_\_ DL#: \_\_\_\_\_ Type: \_\_\_\_\_ State of issue: \_\_\_\_\_

Have you had any moving violations within the last seven years?  Yes    No – Please describe: \_\_\_\_\_

Typing speed: \_\_\_\_\_ wpm   CRT: \_\_\_\_\_ (Strokes/Hour)   PC Software/Other Equipment: \_\_\_\_\_

Please list any other skills, licenses or certificates that may be job-related or that you feel would be of value to this job or company: \_\_\_\_\_

## LEGAL/SECURITY

Are you a U.S. citizen or do you have a legal right and necessary documents to work in the U.S.?  Yes    No  
(Identity and employment eligibility of all new hires will be verified as required by the Immigration Reform and Control Act of 1986.)

List states and counties of residence for the past 7 years: \_\_\_\_\_

Have you used any names or Social Security Numbers other than above?  Yes    No – If so, please list: \_\_\_\_\_

Have you previously worked for JEM Restaurant Management Corporation or any of its clients?  Yes    No – If so, please list below:

Name: \_\_\_\_\_ Location: \_\_\_\_\_ City/State: \_\_\_\_\_

Position Held: \_\_\_\_\_ Supervisor: \_\_\_\_\_ Dates Employed: From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_

Reason for leaving: \_\_\_\_\_

**EMPLOYMENT HISTORY**

PLEASE NOTE. Your application will not be considered unless every question in this section is answered. Since we will make every effort to contact previous employers, the **correct telephone numbers of past employers are critical**. FOR EMPLOYERS OUTSIDE THE U.S., A CURRENT FAX NUMBER IS MANDATORY. May we contact your current employer:  Yes  No

| DATES  | NAME AND ADDRESS OF EMPLOYER | POSITION HELD AND SUPERVISOR | LIST MAJOR DUTIES | REASON FOR LEAVING |
|--|------------------------------|------------------------------|-------------------|--------------------|
| From: _____/_____/_____<br>mo. yr.<br>To: _____/_____/_____<br>mo. yr. | Name                         | Job Title at Hire            |                   |                    |
|  | Address City State           | Job Title at Leaving         |                   |                    |
|  | Phone Number Zip Code<br>( ) | Name of Supervisor           |                   |                    |
| From: _____/_____/_____<br>mo. yr.<br>To: _____/_____/_____<br>mo. yr. | Name                         | Job Title at Hire            |                   |                    |
|  | Address City State           | Job Title at Leaving         |                   |                    |
|  | Phone Number Zip Code<br>( ) | Name of Supervisor           |                   |                    |
| From: _____/_____/_____<br>mo. yr.<br>To: _____/_____/_____<br>mo. yr. | Name                         | Job Title at Hire            |                   |                    |
|  | Address City State           | Job Title at Leaving         |                   |                    |
|  | Phone Number Zip Code<br>( ) | Name of Supervisor           |                   |                    |
| From: _____/_____/_____<br>mo. yr.<br>To: _____/_____/_____<br>mo. yr. | Name                         | Job Title at Hire            |                   |                    |
|  | Address City State           | Job Title at Leaving         |                   |                    |
|  | Phone Number Zip Code<br>( ) | Name of Supervisor           |                   |                    |

**ACCOUNT FOR ANY FULL MONTH SINCE LEAVING SCHOOL (HIGH SCHOOL OR COLLEGE) THAT YOU WERE NOT WORKING:**

| From (Month/Year) | To (Month/Year) | Reason |
|-------------------|-----------------|--------|
|                   |                 |        |
|                   |                 |        |
|                   |                 |        |
|                   |                 |        |

**REFERENCES** Include only individuals familiar with your work ability. Do not include relatives.

| Name | Address/City/State/Zip | Phone Number | Title | Years Known |
|------|------------------------|--------------|-------|-------------|
|      |                        | ( )          |       |             |
|      |                        | ( )          |       |             |
|      |                        | ( )          |       |             |

**CERTIFICATION AND RELEASE**

Employment with us is **“employment at-will”**, which means that employment may be terminated with or without cause at any time by you or the Company.

I certify that I have read and understand the applicant note on page one of this form and that the answers given by me are foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions or misrepresentations of facts called for in this application, whether on this document or not, may result in rejection of my application or discharge at any time during my employment.

I authorize the company and/or its agents, including consumer-reporting bureaus, to verify any of this information. I authorize all former employers, persons, schools, companies and law enforcement authorities to release any information concerning my background and hereby release any said persons, schools, companies and law enforcement authorities from any liability for any damage whatsoever for issuing this information. I also understand that the use of illegal drugs is prohibited during employment.

If company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.

Please list any limitations you require: \_\_\_\_\_.

We require that you read the information above and the information on the front page and indicate your understanding and agreement to these terms by signing below.

Signature of applicant: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_