



**JERSEY COAST APPLIANCE**

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**Proof of citizenship or immigration  
status will be required upon employment.**

May we contact you present employer? Yes No

Are you prevented from lawfully becoming employed  
in this country because of Visa or Immigration status? Yes No

On what date would you be available for work? \_\_\_\_\_

Are you available to work:  
(Full Time) (Part Time) (Shift Work) (Temporary) (Over Time)

Are you currently on "lay-off" status and subject  
to recall? Yes No

Can you travel if a job requires it? Yes No

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Do any of your friends or relatives work here? Yes No

If Yes, please identify \_\_\_\_\_

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**EDUCATION**

	Elementary School	High School	Undergraduate College/ University	Graduate Professional
School Name and Location				
Years Completed	9 8 7 6 5	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/ Degree				
Describe Course of Study				

Describe any specialized training, apprenticeship, skills and Certifications	
Describe any Honors you Received	
State any additional information you feel may be helpful to us in considering your application	

<b>Indicate any foreign languages you can speak, read and/or write</b>			
FLUENT	GOOD		FAIR
SPEAK			
READ			
WRITE			

List professional, trade, business or charitable activities and offices held. You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry or handicap or other protected status:

**REFERENCES**

Give name, address and telephone number of three references who are not related to you and are not previous employers.

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

Have you ever had any job-related training in the United States military? Yes    No

If Yes, please describe \_\_\_\_\_

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Are you physically or otherwise unable to perform the duties of the job for which you are applying? Yes    No

**EMPLOYMENT EXPERIENCE**

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, handicap or other protected status.

Employer	Dates Employed		Work Performed
	FROM	TO	
Address			

Telephone Number (s)			
Job Title	Supervisor	Starting :	
Reason For Leaving		Final:	

**2.**

Employer		Dates Employed		Work Performed
		FROM	TO	
Address				
Telephone Number (s)				
Job Title	Supervisor	Starting:		
Reason For Leaving		Final:		

**3.**

Employer		Dates Employed		Work Performed
		FROM	TO	
Address				
Telephone Number (s)				
Job Title	Supervisor	Starting:		
Reason For Leaving		Final:		

4.

Employer	Dates Employed		Work Performed
	FROM	TO	
Address			
Telephone Number(s)			
Job Title	Supervisor	Starting:	
Reason For Leaving		Final:	

If you need additional space, please continue on a separate sheet of paper.

**SPECIAL SKILLS AND QUALIFICATIONS**

Summarize special job-related skills and qualifications acquired from employment or other experience.

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JERSEY COAST APPLIANCE, INC.

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APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 30 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

\_\_\_\_\_  
**Signature of Applicant**

**Date** \_\_\_\_\_