



**AUTHORIZATION FOR RELEASE OF CONSUMER INFORMATION
(EMPLOYMENT INFORMATION PURPOSE)**

**TO BE COMPLETED BY APPLICANT/EMPLOYEE
(PLEASE PRINT LEGIBLY OR TYPE)**

NAME _____
Last name First name Middle initial

DATE OF BIRTH ____/____/____ SOCIAL SECURITY # ____
Month Day Year

DRIVERS LICENSE# _____ STATE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

APPLICANT/EMPLOYEE SIGNATURE _____

APPLICANT AUTHORIZATION

1. Without reservation, I authorize this employer or any party or agency contacted by this employer to procure my consumer report and/or to obtain or furnish information concerning my credit, criminal, motor vehicle, employment or other history. I understand that inquiries may be made to various federal and state agencies, employers, references, acquaintances and others seeking information as to my personal characteristics, credit worthiness, employment status, general reputation, and mode of living.
2. Under provisions of the Fair Credit Reporting Act, certain information, when used for employment purposes, is considered to be a consumer report. This information includes, but is not limited to, public record information (criminal history, civil litigation, etc.) driving record, consumer credit history, education records, and employment records. If an adverse employment decision is made due, in whole or in part, to information received as a result of these inquiries, I will be provided with a copy of the consumer report and a summary of my rights under the Fair Credit Reporting Act.

Print Full Name _____

Social Security # _____ *Date of Birth _____

Signature _____ Date _____

*This information is requested by VERIFY solely for purposes of insuring accurate retrieval of records.

Office use only:

Signature of JBS employee requesting report

Date



APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION (PLEASE PRINT CLEARLY)

NAME, LAST	FIRST	MIDDLE	SOCIAL SECURITY NO.	
PRESENT ADDRESS, STREET		CITY	STATE	ZIP
PERMANENT ADDRESS, STREET		CITY	STATE	ZIP
PHONE		REFERRED BY		

EMPLOYMENT DESIRED

DATE OF APPLICATION	POSITION DESIRED	SALARY DESIRED	DATE YOU CAN START
ARE YOU EMPLOYED NOW?		IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER?	
EVER APPLIED TO THIS COMPANY BEFORE?		WHERE?	WHEN?

EDUCATION

HIGH SCHOOL	LOCATION OF SCHOOL	YEARS ATTENDED	DATE GRADUATED	SUBJECTS STUDIED
COLLEGE	LOCATION OF SCHOOL	YEARS ATTENDED	DATE GRADUATED	SUBJECTS STUDIED
TRADE SCHOOL	LOCATION OF SCHOOL	YEARS ATTENDED	DATE GRADUATED	SUBJECTS STUDIED
APPRENTICESHIP	UNDER	WHEN?	AREAS OF APPRENTICESHIP	

GENERAL INTERESTS

OTHER SPECIAL TRAINING OR SKILLS			
DO YOU SPEAK ANY FOREIGN LANGUAGES FLUENTLY?		READ?	WRITE?
U.S. MILITARY OR NAVAL SERVICE	RANK	PRESENTLY NATIONAL GUARD OR RESERVES?	

LAST

FIRST

MIDDLE

FORMER EMPLOYERS (LIST YOUR LAST FOUR EMPLOYERS, MOST RECENT EMPLOYER LAST)

TO	EMPLOYER	ADDRESS	POSITION	SALARY
FROM	SUPERVISOR	PHONE	REASON FOR LEAVING	
TO	EMPLOYER	ADDRESS	POSITION	SALARY
FROM	SUPERVISOR	PHONE	REASON FOR LEAVING	
TO	EMPLOYER	ADDRESS	POSITION	SALARY
FROM	SUPERVISOR	PHONE	REASON FOR LEAVING	
TO	EMPLOYER	ADDRESS	POSITION	SALARY
FROM	SUPERVISOR	PHONE	REASON FOR LEAVING	

REFERENCES (LIST THE NAMES OF TWO PERSONS NOT RELATED TO YOU, WHO WOULD KNOW YOU BEST AND LIST YOUR PARENTS)

NAME	ADDRESS	PHONE	BUSINESS	YEARS ACQUAINTED
NAME	ADDRESS	PHONE	BUSINESS	YEARS ACQUAINTED
FATHER'S NAME	ADDRESS	PHONE	FATHER'S OCCUPATION	
MOTHER'S NAME	ADDRESS	PHONE	MOTHER'S OCCUPATION	

DRUG/ALCOHOL POLICY

THIS COMPANY HAS A DRUG FREE POLICY, AND MAY RUN RANDOM DRUG AND ALCOHOL TESTS. NOT PASSING A RANDOM DRUG OR ALCOHOL TEST WILL BE CAUSE FOR DISMISSAL.

ALL INFORMATION PROVIDED BY ME IN SUPPORT OF MY APPLICATION FOR EMPLOYMENT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT MISREPRESENTATION OR OMISSION MAY BE CAUSE OF REJECTION, OR MAY BE CAUSE FOR SUBSEQUENT DISMISSAL IF I AM HIRED. I AGREE TO ABIDE BY ALL ESTABLISHED RULES AND POLICIES OF THE COMPANY AS A CONDITION OF CONTINUED EMPLOYMENT. I ALSO AGREE TO REPAY THE COMPANY FOR ANY MONEY ADVANCED OR FOR ANY THINGS OF VALUE FURNISHED BY THE COMPANY THROUGH PAYROLL DEDUCTIONS FROM MONIES DUE TO THE EMPLOYEE.

DATE _____ SIGNATURE _____

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CHARACTER-BASED HIRING ***Applicant Interview Form***

NAME: LAST

FIRST

MIDDLE INITIAL

SOCIAL SECURITY NO.

1. Would your previous supervisors say you are consistently on time? Yes No

2. How would your previous supervisors rate your attendance?

Excellent Good Fair Poor

Please explain. _____

3. Would your past supervisors say that you are orderly? Yes No

4. What does "being orderly" mean to you?

5. Would those who know you best say your word can be trusted? Yes No

6. What responsibilities do you/have you had that prepared you for your responsibilities at this job?

7. If you know a fellow employee who is involved in immoral or illegal activity, what is your responsibility to your employer?

8. What are some legitimate reasons to miss work?

9. Would your previous supervisor say that you were good at following instructions?

Yes No Why or why not? _____

10. How often would your past supervisors say you get angry?

Never Rarely Sometimes Often

11. What causes you to be upset on the job?

12. Have you ever experienced a loss for doing what is right?

13. What methods do you use to remember instructions?

14. What outward signs should you watch for to ensure that a customer's needs are being met?

15. What do you think you owe to your employer?

16. What does your employer owe you?

17. Please check three areas in which you are weakest:

- | | | |
|---------------------------------------|--------------------------------------|--|
| <input type="checkbox"/> Contentment | <input type="checkbox"/> Diligence | <input type="checkbox"/> Dependability |
| <input type="checkbox"/> Gratefulness | <input type="checkbox"/> Loyalty | <input type="checkbox"/> Meekness |
| <input type="checkbox"/> Forgiveness | <input type="checkbox"/> Orderliness | <input type="checkbox"/> Punctuality |
| <input type="checkbox"/> Truthfulness | <input type="checkbox"/> Obedience | <input type="checkbox"/> Self-control |

18. Please check the areas in which you are strongest:

- | | | |
|---------------------------------------|--------------------------------------|--|
| <input type="checkbox"/> Contentment | <input type="checkbox"/> Diligence | <input type="checkbox"/> Dependability |
| <input type="checkbox"/> Gratefulness | <input type="checkbox"/> Loyalty | <input type="checkbox"/> Meekness |
| <input type="checkbox"/> Forgiveness | <input type="checkbox"/> Orderliness | <input type="checkbox"/> Punctuality |
| <input type="checkbox"/> Truthfulness | <input type="checkbox"/> Obedience | <input type="checkbox"/> Self-control |

19. What distinguishes your time from company time? _____

20. What are your goals? _____

21. How will this job help you achieve your goals?

Date _____ Signature _____