



JCM Global
APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer. We consider applicants for all positions without regard to race, color, religion, sex, national origin, age (if 40 years or older), marital or veteran status, disability or sexual orientation.

Answer each question fully and accurately. No action can be taken on this application until you have answered all questions. Resumes may be attached, but will not be accepted in lieu of any information. PLEASE PRINT, except for signature on back of application.

GENERAL INFORMATION

Position Applied For _____ Date of Application _____

How Did You Learn About Us? Advertisement Friend Walk-In Employment Agency Relative Other

Last Name _____ First Name _____ Middle Name _____ / _____ Social Security Number _____ / _____

Address _____ City _____ State _____ Zip Code _____

Telephone Number (____) _____ How Long at Present Address _____ / _____ (years/months)

Previous Address _____ Email Address (if applicable) _____

Have you ever filed an application with us before? *If yes, date given* _____ Yes No

Have you ever been employed with us before? *If yes, give date* _____ Yes No

Do we currently employ a member of your family or household? *If yes, give name* _____ Yes No

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this county because of Visa or Immigration Status? *(Proof of citizenship, immigration status, or work authorization will be required upon employment)* Yes No

On what date would you be available for work? _____

Are you available to work: Full Time Part Time Temporary

Are you able to travel? Yes No

Have you ever been convicted of a criminal offense (other than minor traffic violations), or are you awaiting trial for a criminal offense? *(Answering "yes" will not necessarily disqualify an applicant from employment)* Yes No

If yes, please explain _____

Criminal Offense includes felonies, misdemeanors, summary offenses and convictions resulting from a plea of no contest. **Conviction** is an adjudication of guilt and includes determinations before a court, a district justice or a magistrate, which results in a fine, sentence or probation.

If hired are you willing to relocate to another city in the United States? Yes No

For Driving Jobs Only: Do you have a valid driver's license? If yes, class of license _____ Yes No

EDUCATION

Elementary School Name: _____

Location: _____ Years Completed (please circle): 4 5 6 7 8

High School Name: _____

Location: _____ Years Completed (please circle): 9 10 11 12

College/Undergraduate School Name: _____

Location: _____ Years Completed (please circle): 1 2 3 4

Graduate/Professional School Name: _____

Location: _____ Years Completed (please circle): 1 2 3 4

Diploma/Degree: _____ Date Received: _____

Describe Course of Study: _____

Describe any specialized training, apprenticeships, skills and extra-curricular activities: _____

Describe any honors you have received: _____

State any additional information you feel may be helpful to us in considering your application: _____

Indicate any foreign languages you can speak, read and/or write:

List professional, trade, business or civic activities and offices held. (You may exclude memberships, which would reveal sex, sexual orientation, race, religion, national origin, age, ancestry, disability or other protected status.): _____

Have you ever had any job-related training in the United States Military? Yes No
If yes, please describe: _____

REFERENCES

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

1. _____
2. _____
3. _____

EMPLOYMENT EXPERIENCE

Start with your present or most recent job and list all employment for the last 10 years and explain all gaps in your employment, attaching additional sheets if necessary. (Do not substitute your resume for this information.) Include any job-related service assignments and volunteer activities. You may exclude volunteer organizations which indicate races, color, religion, gender, national origin, disability, sexual orientation or other protected status.

Employer	Employed From	To	Description of Duties
Address	City and State		
Telephone Number (\$)	Rate/Salary Starting	Final	
	Supervisor		
Reason for Leaving: <input type="checkbox"/> Layoff <input type="checkbox"/> Involuntary Termination <input type="checkbox"/> Resignation			

Employer	Dates Employed From	To	Description of Duties
Address	City and State		
Telephone Number (\$)	Rate/Salary Starting	Final	
Job Title	Supervisor		
Reason for Leaving: <input type="checkbox"/> Layoff <input type="checkbox"/> Involuntary Termination <input type="checkbox"/> Resignation			

Employer	Dates Employed From	To	Description of Duties
Address	City and State		
Telephone Number (\$)	Rate/Salary Starting	Final	
Job Title	Supervisor		
Reason for Leaving: <input type="checkbox"/> Layoff <input type="checkbox"/> Involuntary Termination <input type="checkbox"/> Resignation			

Employer	Employed From	To	Description of Duties
Address	City and State		
Telephone Number (\$)	Hourly Rate/Salary Starting	Final	
Job Title	Supervisor		
Reason for Leaving: <input type="checkbox"/> Layoff <input type="checkbox"/> Involuntary Termination <input type="checkbox"/> Resignation			

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

CERTIFICATION AND AGREEMENT

Please Read Each Statement Carefully Before Signing

I understand and agree that:

1. Any misrepresentation or omission of facts in my application or any attachments to my application (including my resume) may result in refusal of employment or if employed, termination from employment.
2. I understand and agree that any person authorized by the Company can at any time request that I submit to a search of my person, purse, packages in my possession, or any locker, desk or files that may be assigned to me. I understand that my refusal to submit to such a search may result in termination. I hereby waive all claims for damages resulting from such examination.
3. I understand and agree that I may be required to take a physical examination, blood, urine, or hair test at the Company's expense, at any time to determine if I am alcohol or drug free and physically fit for the job I am responsible to perform. Failure to submit to such testing may result in termination. I authorize any physician, including my personal physician, to release any information to the Company, which may be necessary to determine my ability to perform my assigned duties.
4. I further understand that the Company can change wages, benefits and/or working conditions at any time and that I may be required to work overtime or on weekends, depending upon job requirements.
5. I understand that the Company may, from time to time, establish rules, regulations, policies and/or disciplinary procedures, some of which may be reduced to writing. In consideration of my employment, I agree to conform to all applicable rules, regulations, policies and/or disciplinary procedures of the Company and/or any department thereof. I understand that those rules, regulations, policies and/or disciplinary procedures are not intended by the Company to create an obligation of continued employment.
6. I understand that this document is an application for employment and continued employment is not being offered. I understand and agree that my employment, both during and after any introductory or orientation period, is for an indefinite period, and that nothing in this application or any other Company document shall be deemed to create any contract of continued employment between me and the Company. I further understand that my employment can be terminated at will at any time by myself or the Company for any or no cause. I understand that employment beyond any introductory or orientation period or employment for a number of years shall not result in any heightened expectation of continued employment. I understand and agree that any statements to the contrary, whether oral or written, are expressly disavowed and are not to be relied upon by me. I further understand that no representative of the Company has any authority to enter into an agreement for employment for any specified period of time or to make any agreement contrary to the foregoing except in a written document signed by the President of the Company.
7. It is my understanding that this application for employment will only remain active for thirty (30) days following the date of application.
8. In consideration of my employment and the disclosure to me of confidential information, I agree to take confidential information in confidence and to undertake the following obligations with respect thereto:
 - a. To use and disclose Confidential Information solely for the purpose of rendering services to JCM that may be requested from time to time by JCM.
 - b. Not to use or disclose Confidential Information to any person or entity not approved by the officers of JCM.
 - c. To return Confidential Information, including all copies and records thereof, to JCM upon the earlier of the request by JCM of such return or the termination of my services for any reason whatsoever.

Applicant's Signature _____

Date _____

Witnessed by _____

Date _____

FOR PERSONNEL USE ONLY

Arrange Interview: Yes No

Interviewer: _____

JCM American Corporation

Disclosure and Authorization

Disclosure: We (JCM American Corp.) will obtain one or more consumer reports or investigative consumer reports (or both) about you for employment purposes. These purposes may include hiring, contract, assignment, promotion, re-assignment, and termination. The reports will include information about your character, general reputation, personal characteristics, and mode of living. We will obtain these reports through a consumer reporting agency. Our consumer reporting agency is General Information Services, Inc. GIS's address is P.O. Box 353, Chapin, SC 29036. GIS's telephone number is (866) 265-4917. GIS's website is at www.geninfo.com. To prepare the reports, GIS may investigate your education, work history, professional licenses and credentials, references, criminal record, lawsuits, driving record, credit history, and any other records with public or private information sources. You may inspect GIS's files about you (in person, by mail, or by phone) by providing identification to GIS. If you do, GIS will provide you help to understand the files, including trained personnel and an explanation of any codes. Another person may accompany you by providing identification. If GIS obtains any information by interview, you have the right to obtain a complete and accurate disclosure of the scope and nature of the investigation performed. The Federal Trade Commission provides a summary statement of your rights on its website at <http://www.ftc.gov/credit>.

Personal Information: Please print the information requested below to identify yourself for our agency.

Printed name: _____
First Middle Last Maiden

Other names used: _____

Current and former addresses:

from Mo/Yr _____ to Mo/Yr _____
current Street City, State & Zip

from Mo/Yr _____ to Mo/Yr _____
Street City, State & Zip

from Mo/Yr _____ to Mo/Yr _____
Street City, State & Zip

Some government agencies and other information sources require the following information when checking for records. Our agency will not use it for any other purposes.

_____ Date of birth _____ Social security number

_____ Driver's license number & state _____ Name as it appears on license

Report Copy: If you are applying for a job or live in California, Minnesota, or Oklahoma, you may request a copy of the report by checking this box: .

Authorization: By signing below, you authorize: (a) GIS to request information about you from any public or private information source; (b) anyone to provide information about you to GIS; (c) GIS to provide us one or more reports report based on that information; and (d) us to share those reports with others for legitimate business purposes related to your employment. You acknowledge receiving the Federal Trade Commission's "Summary of Your Rights under the Fair Credit Reporting Act." You acknowledge that a fax, image, or copy of this authorization is as valid as the original. You make this authorization to be valid for as long as you are an applicant or employee with us.

_____ Signature _____ Date