



# JUMP APPLICATION FOR EMPLOYMENT

"Life begins at the end of your comfort zone." -Neale Donald Walsch

Please type or print

## Personal

Name \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
(Last) (First) (Middle Initial)

Address \_\_\_\_\_  
(Street) (City) (State) (Zip)

Phone (\_\_\_\_) \_\_\_\_\_ Alternative Phone (\_\_\_\_) \_\_\_\_\_

Are you eligible to work in the United States? Yes No Are you 18 or older? Yes No

Referred by: \_\_\_\_\_

Have you since the age of 18 or within the last 7 years, been convicted of a felony? Yes No

## Job Interests/Skills

Position you're applying for \_\_\_\_\_

Type of employment you're applying for: Full Part Temporary Internship Other

Are you willing to work (check all that apply): Overtime Weekends Nights Swing

Earliest available date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Pay required \_\_\_\_\_

Where did you hear about this position? \_\_\_\_\_

## Education

Level	Name/Location	Degree	Course of study	# Years	Graduated Y/N
High School					
College/ University					
Trade School					
Other					

## Employment History *(most recent first)*

Company name: \_\_\_\_\_ From \_\_\_\_ / \_\_\_\_ / \_\_\_\_ To \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Company address: \_\_\_\_\_ Starting job title \_\_\_\_\_ Starting pay \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ \$ \_\_\_\_\_

Company phone: \_\_\_\_\_ Ending job title \_\_\_\_\_ Ending pay \_\_\_\_\_

Supervisor/Title: \_\_\_\_\_ \$ \_\_\_\_\_

Reason for leaving: \_\_\_\_\_ May we contact them? Yes No

## Employment History (cont.)

Company name: \_\_\_\_\_ From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_  
Company address: \_\_\_\_\_ Starting job title Starting pay  
City, State, Zip: \_\_\_\_\_ \$ \_\_\_\_\_  
Company phone: \_\_\_\_\_ Ending job title Ending pay  
Supervisor/Title: \_\_\_\_\_ \$ \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_ May we contact them? Yes No

Company name: \_\_\_\_\_ From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_  
Company address: \_\_\_\_\_ Starting job title Starting pay  
City, State, Zip: \_\_\_\_\_ \$ \_\_\_\_\_  
Company phone: \_\_\_\_\_ Ending job title Ending pay  
Supervisor/Title: \_\_\_\_\_ \$ \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_ May we contact them? Yes No

## References (please do not include family members)

Name: \_\_\_\_\_ Company: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Job title: \_\_\_\_\_  
Relation: \_\_\_\_\_ Years known: \_\_\_\_\_

Name: \_\_\_\_\_ Company: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Job title: \_\_\_\_\_  
Relation: \_\_\_\_\_ Years known: \_\_\_\_\_

Name: \_\_\_\_\_ Company: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Job title: \_\_\_\_\_  
Relation: \_\_\_\_\_ Years known: \_\_\_\_\_

## Specialized Skills/Achievements & Additional Information

### Please read carefully before signing (applications must be signed & dated)

I authorize JUMP to contact any or all of the references I have voluntarily listed above in order to obtain information pertaining to previous employment or other relevant information. I certify that the answers given by me in this application are completed and correct to the best of my knowledge. I understand that any falsification, whether intentional or unintentional, of this application is grounds for disqualification for consideration for employment, or termination of my employment if hired. I have read and understand the prior statement and agree to the terms within.

I understand that an electronic signature has the same legal effect and can be enforced the same as a written signature.

By checking this box and typing my name below, I am electronically signing my application.

Applicant's signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_