

JTO, INC.
AN EQUAL OPPORTUNITY EMPLOYER

PERSONAL DATA

Date: _____ Social Security #: _____ Home Telephone : _____

Name: _____ Cell Telephone : _____

Address: _____

Are you a U.S. Citizen? () yes () no

If not, do you have a registration card or a valid U.S. work permit? () yes () no

Are you over 18 and less than 70 years of age? () yes () no

Birth date: _____

JOB INFORMATION

Position preferred: () Laborer () Clerical () Operator

Other: _____

Rate of pay acceptable: _____ Date Available: _____

Are you currently employed? () yes () no

If yes, may we refer to your present employer? () yes () no

Have you ever worked for JTO, Inc. or one of its subsidiaries? () yes () no

If yes, when: _____ where _____ position _____

Applying for: () full-time () part-time () subcontracting () seasonal

Are you willing to travel out of state if needed? () yes () no

EDUCATION

	School & Address	Date Graduated	Major / Minor	Degree
High School				
College				
Business				
Tech School				

Special skills or training : _____

EMPLOYMENT EXPERIENCE

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

Employer:	Dates Employed		Work Performed
Address:	From	To	
Telephone #:			
Job Title:	Hourly Rate / Salary		
Supervisor:	Start	Final	
Reason for Leaving:			

Employer:	Dates Employed		Work Performed
Address:	From	To	
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Telephone #:			
Job Title:	Hourly Rate / Salary		
Supervisor:	Start	Final	
Reason for Leaving:			

MILITARY SERVICE

Have you ever served in the U.S. Armed Forces? () yes () no

If yes, Branch _____ Rank Attained _____ From _____ To _____

Honors or Awards: _____

Special Training: _____

MEDICAL INFORMATION

JTO, Inc. requires that each associate is physically qualified to perform the tasks required by the job. As a condition of employment, each associate may be required to take a physical examination as necessary for the safety and welfare of the associate or fellow associates.

Do you have any disabilities? () yes () no

If yes, please explain: _____

Have you ever been compensated for a work related injury? () yes () no

If yes, please explain: _____

Are you currently, or have you during the last six-months, been under the care of a physician?
() yes () no If yes, please explain: _____

<p>Passing a pre-employment drug screen and background check are part of a successful hire.</p>
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JTO, Inc. requires that each associate be free from the effects of drugs or alcohol while performing the tasks required by the job. As a condition of employment, each associate may be required to take a drug screening test at the time of employment, or at any other time at the discretion of the Company. Each applicant must also answer the following:

I have taken the following prescription or non-prescription drugs during the past 30 days:

I hereby consent to a pre-employment drug and alcohol screening test, and certify that to the best of my knowledge, the foregoing answers are complete and correct. I understand and agree that any omission of this record may be cause for disqualification of my application and termination. Furthermore, if employed, I hereby authorize JTO, Inc. to require me to take drug and alcohol screening tests in accordance with the current Company policy covering drug and alcohol abuse. I understand that my refusal to take drug screening tests as required by the current Company policy shall result in my immediate discharge.

Signature _____

Date _____

REFERENCES (Do not list relatives)

Name & Address	Telephone	Years Known

Are you charged with an unresolved criminal charge (have you been charged with a crime that has not yet resulted in a plea of guilty, court trial, or a dropping of the charge)? () yes () no

If yes, explain: _____

Note: A yes answer will not automatically disqualify you from employment.

Other special skills, knowledge or abilities which support your qualifications for the position for which you are seeking: _____

STATEMENT & SIGNATURE

I certify that answers given herein are true and complete.

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 six (6) months. 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 Associate/Employee may resign at any time and JTO, Inc. may discharge Associate/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 JTO, Inc.

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 regulation of JTO, Inc.

Signature

Date

Disclosure: Fair Credit Reporting Act & Consent to Procurement of Consumer Report

The undersigned authorizes **JTO, Inc..** or its Insurance Agency, United Agencies, or its assigns, to obtain a copy of a **Motor Vehicle Report**, pertaining to me for employment purposes, and for use in underwriting for which the above employer may apply, and renewal thereof. I understand that in obtaining the report, a consumer reporting agency will be used, and I do hereby authorize such use.

Dated _____ Signed _____

Print Name _____

Driver Questionnaire

(to be completed by each applicant)

Company Name: **JTO, Inc..**

Name of Driver _____

Date of Birth _____ Social Security # _____

Drivers License # _____ State _____

Please list *ALL* accidents and violations you have been involved in, (even if not at fault), in the past three years:

Description & Date

I certify the above information is complete and accurate to the best of my knowledge and belief.

Date

Signature

DO NOT WRITE HERE (Corporation Use Only)

Application accepted by: _____ Logged By _____

Interview Date / Time: _____ Date of Employment: _____

Rate of Pay: _____ Referral: _____

Benefits Received: _____

Position: _____ Employee #: _____

MVR Date: _____ Results: _____

Drug/Alcohol Screening Date: _____ Results: _____