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Fax: (804) 733-0935
Visit us on the web: www.jlmiva.com

APPLICATION FOR EMPLOYMENT

JLMI is an equal opportunity employer and does not discriminate against otherwise qualified applicants on the basis of race, color, creed, religion, ancestry, age, sex, marital status, national origin, disability or handicap, or veteran status.

This application form is designed to protect individual rights and privacy and to assure equal employment opportunity. All questions are considered important for employment and no other use is intended for the information you submit.

Applicants must complete all pages, incomplete applications will not be processed. Please print in ink or type your responses. Please note that attaching a résumé does not substitute for completing the application form.

Position Sought _____ Date Available _____

Location of Position _____ Full-Time Part-Time Temporary

Are you able to perform the essential functions of the job for which you are applying, with or without a reasonable accommodation? Yes No

Name _____ Date _____
Last First Middle/Maiden

Address _____
Street Address City State Zip Code

Home Phone _____ Cell Phone _____

Email Address _____ Best Method to Contact You _____

Are you over 18 years old? Yes No

For purposes of compliance with The Immigration Reform and Control Act, are you legally eligible for employment in the United States? Yes No (Under the Immigration Reform and Control Act of 1986, you will be required to provide documentation verifying your identity.)

Are you willing to travel? Yes No Are you willing to work shift work? Yes No

Are you eligible for a SECRET Security Clearance? Yes No

Have you been convicted of a crime other than minor traffic offenses? Yes No

If yes, please explain including date, location, offense and disposition _____

(A conviction will not necessarily automatically disqualify you for employment. Rather, such factors as age and date of conviction, seriousness and nature of the crime, and rehabilitation will be considered).

EDUCATION

Please indicate any education and/or training that you believe qualifies you for the position you are seeking.

High School _____ **City/State** _____
Dates of Attendance: From _____ To _____ **Diploma:** Yes No **G.E.D.:** Yes No

College/University _____ **City/State** _____
Dates of Attendance: From _____ To _____ **Field of Study** _____
Degree or Certificate Earned _____

College/University _____ **City/State** _____
Dates of Attendance: From _____ To _____ **Field of Study** _____
Degree or Certificate Earned _____

Business or Vocational School _____ **City/State** _____
Dates of Attendance: From _____ To _____ **Field of Study** _____
Degree or Certificate Earned _____

Professional License(s) Or Membership(s): (You need not disclose membership in professional organizations that may reveal information regarding race, color, creed, sex, religion, national origin, ancestry, age, disability, marital status, veteran status or any other protected status)
Type of License _____ **Issuer** _____
License Number _____ **License Expiration Date** _____

MILITARY BACKGROUND

Branch of Service: _____ Years Active: _____ Years Reserve: _____

Veteran of: _____ Date of separation _____

AKO email address: **Yes** **No** If yes, list the email address: _____

Please indicate your status:

Disabled veteran Other protected veteran

Armed Forces service medal veteran Recently separated veteran



EMPLOYMENT HISTORY

Starting with the most recent, describe *ALL* paid, military and applicable work and voluntary experience. Highlight your knowledge, skills and abilities, which best demonstrate your qualifications for this position. If you wish to describe additional work experience, attach the above information for each position on a separate piece of paper.

May we contact this employer? Yes No

Position Title: _____ Employment Dates: From _____ To _____
Mo/Yr Mo/Yr

Employer: _____

Employer Address: _____

Employer Phone Number: _____ Supervisor: _____

Salary: _____ Reason for Leaving _____

Duties: _____

May we contact this employer? Yes No

Position Title: _____ Employment Dates: From _____ To _____
Mo/Yr Mo/Yr

Employer: _____

Employer Address: _____

Employer Phone Number: _____ Supervisor: _____

Salary: _____ Reason for Leaving _____

Duties: _____

May we contact this employer? Yes No

Position Title: _____ Employment Dates: From _____ To _____
Mo/Yr Mo/Yr

Employer: _____

Employer Address: _____

Employer Phone Number: _____ Supervisor: _____

Salary: _____ Reason for Leaving _____

Duties: _____

REFERENCES

Please list three (3) persons who are not relatives and who have knowledge of your qualifications for the position(s) for which you are applying: Such as former co-workers, professors, etc. (Do not repeat the names of supervisors listed under work experience).

Name of Reference	Telephone Number	Email Address	Business or Occupation	Relationship	How long have you known this person?



APPLICANT'S CERTIFICATION AND AGREEMENT

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge. I authorize Joint Logistics Managers Inc. (JLMI) to contact and obtain information from all references, employers, and educational institutions and to otherwise verify the accuracy of the information contained in this application. I hereby release from liability the employer and its representatives for seeking, gathering, and using such information and all other persons, corporations or organizations for furnishing such information.

I understand that this application does not constitute an agreement of contract for employment for any specified period of time or definite duration.

I understand that if I am employed, any falsified statements or omissions of facts made by me on this application will be sufficient cause for exclusion from further employment consideration, rescinding of an employment offer, and/or dismissal if employment has commenced.

I understand that if an employment offer is extended to me, it is for an indefinite duration and on an at-will basis as such; I am free to resign at any time, with or without cause and without prior notice, and JLMI reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law.

I understand that should an employment offer be extended to me and accepted that I will fully adhere to the policies, rules and regulations of employment set forth by JLMI. Furthermore, I understand that neither these policies nor anything discussed during the interview process shall be deemed to constitute the terms of an implied employment contract.

I also understand that if I am hired, I will be required to provide proof of identity and legal work authorization.

JLMI does not unlawfully discriminate in employment and no questions on this application are used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by local, state or federal law.

This application is current for 60 days. At the conclusion of this time, if I have not heard from the employer and still wish to be considered for employment, I understand that it will be necessary to submit a new application.

Signature of Applicant _____ **Date:** _____



VOLUNTARY SELF IDENTIFICATION FORM

JLMI is an Equal Opportunity Employer. Completion of this data is voluntary and will not affect your opportunity for employment or terms or conditions of employment. This form will be used for EEO-1 and Veterans 100 reporting purposes only and will be kept separate from all other personnel records only accessed by Human Resources Department. Please return the completed form to the Human Resources Department.

Section 1: General Applicant Information

Name:	Date:
Position applied for:	

Section 2: Please check all that apply (See the following page for definitions)

Race or Ethnic Identity	Gender	Veteran Status
<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> White (not Hispanic or Latino) <input type="checkbox"/> Black or African American (not Hispanic or Latino) <input type="checkbox"/> Native Hawaiian or Pacific Islander (not Hispanic or Latino) <input type="checkbox"/> Asian (not Hispanic or Latino) <input type="checkbox"/> American Indian or Alaskan Native (not Hispanic or Latino) <input type="checkbox"/> Two or More Races (not Hispanic or Latino)	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Disabled veteran. <input type="checkbox"/> Other protected veteran (veteran who served on active duty in the U.S. military during a war or in a campaign or expedition for which a campaign badge is awarded). <input type="checkbox"/> Armed Forces service medal veteran (veteran who, while serving on active duty in the Armed Forces, participated in a U.S. military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985). <input type="checkbox"/> Recently separated veteran (veteran within 36 months from discharge or release from active duty).
		Other <input type="checkbox"/> Individual with Disabilities

I do not wish to Self-Identify

Signature:

How did you hear of this position?

JLMI Website	JLMI Employee	Newspaper Ad	Job Fair	Other - Explain Below:



www.InfoCheckUSA.com | www.InfoCheckUSA.net

Ph: 1-888-YOU-VERIFY (968-8374) | Fax: 1-888-827-4468

E-mail: Compliance@InfoCheckUSA.com

PERMISSION TO CONDUCT BACKGROUND CHECK

I understand and agree that: The information supplied on this release form is true and correct, to the best of my knowledge. The company has my authorization to thoroughly investigate my professional and personal history to generate a background screening report. I understand that the background report may include, but is not limited to, the following areas: Employment History, Education History, Credit History, Criminal History, Drug Testing, Professional Licensing, Motor Vehicle Records, Social Media History, Residence History and References. A background check will be conducted to verify the veracity of the information submitted and will be utilized to develop information concerning my character, general reputation, personal characteristics, and mode of living. I will hold no person liable for giving or receiving information in this investigation. I hereby authorize InfoCheckUSA, LLC an agent of the Company to make a thorough background investigation of all information given by me to the Company. I release from liability all persons, companies, and corporations supplying that information. Furthermore, I release and indemnify the Company and InfoCheckUSA, LLC against any liability that might result from making such background checks. Upon Request, InfoCheckUSA, LLC will supply a copy of the completed background report along with a copy of an individual's rights under the Fair Credit Reporting Act. A copy of this form is as valid as the original.

The following information is required for identification purposes when checking records. It is confidential and will not be used for any other purpose.

Applicant's Name: _____

Applicant's Date of Birth: ___/___/___ Applicant's SS No: _____ - _____ - _____

Drivers License No: _____ State Issued: _____

Address (Current): _____

City: _____ State: _____ County: _____ Zip _____

Company Requesting Report: _____ Company Location (State): _____

Date of Request: ___/___/___ Company Phone No: _____

For residents of California, Minnesota and Oklahoma: You will be provided with a free copy of any consumer reports or investigative consumer reports on you if you check this box:

Notice to New York Applicants: Under Article 25 Sec 380-g of the NY General Business Law, should a consumer report received by an employer contain criminal conviction information, the employer must provide to the applicant or employee who is the subject of the report, a printed or electronic copy of Article 23-A of the New York Correction Law, which governs the employment of persons previously convicted of one or more criminal offenses.

Applicant Signature: _____ Date: ___/___/___