



1344 E. McWood St.
West Covina, CA 91790
(626) 833-4432
janddqualityflooring@gmail.com

APPLICATION FOR EMPLOYMENT

J&D Quality Flooring Inc., is an equal opportunity employer and does not discriminate on the basis of race, sex, religion, national origin, age, gender, disability or any other characteristic protected by law. This application will be given every consideration, but its receipt does not imply that the applicant will be employed. Each question should be answered in a complete and accurate manner as no action can be taken on this application until all questions have been answered. This questionnaire is a pre-employment application only.

(PLEASE PRINT)

Name		Date
Address		City/State/Zip
Home Telephone	Business/Message Telephone	Social Security Number

Position Desired	
Date Available	Salary Desired
How did you hear of opening? (list newspaper, referral, etc.)	

If employed, you will be required to submit proof of your legal right to work in the United States. Explanation

If under 18 years of age, can you, after employment, submit a work permit? Yes No _____

Are you currently employed? Yes No _____

May we contact your present employer? Yes No _____

Are you available to work Full Time Part Time Overtime Weekends _____

Can you perform the essential job functions of the job for which you are applying, with or without reasonable accommodation? Yes No _____

Are you available to travel? Yes No _____

Have you ever been convicted of any crime (excluding minor traffic violations) including DUI? Yes No

If yes, state the offense, location, date and disposition:

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Have you ever served in the military? Yes No Service Branch: _____

What was your occupational specialty (MOS)? _____

What special training did you receive that may help you if employed by us?

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PERSONAL HEALTH

Can you lift a minimum of 70lbs? Yes No

Can you perform all specific tasks associated with the position you are applying for without special apparatus or minimal changes or alterations to the company? Yes No

Have you used any illegal drug, or marijuana, in the last 12 months? Yes No

EDUCATION

	Name and Location	No. of Years	Course of Study/Degree
High School			
Did you graduate?			
Yes No			
College/University			
Did you graduate?			
Yes No			
Trade School			
Did you graduate?			
Yes No			
Professional/Other			
Did you graduate?			
Yes No			

In the space provided, please list your strengths and weaknesses:

Are you planning to pursue further studies? Yes No If so, when and what courses?

List any scholastic honors, offices held and activities involved in during high school or college:

List and describe any other schooling or specialized training:

Professional References: (list persons other than former employers or relatives)

Name	Address	Phone Number
1.		
2.		
3.		

EMPLOYMENT EXPERIENCE

List names of employers in consecutive order with present or last employer listed first. Account for all periods of time including military service and any periods of unemployment. If self-employed, give the firm name and supply business references. **Please fill out completely, do not use "see resume."**

Date Employed: From:	_____	To:	_____
Starting Salary/Hourly Rate	_____	Ending Salary/Hourly Rate	_____
Job Title	_____	Supervisor	_____
Employer	_____	Address	_____
City/State/Zip	_____	Telephone Number	_____
Work Performed	_____ _____ _____		
Reason for Leaving	_____		

Date Employed: From:	_____	To:	_____
Starting Salary/Hourly Rate	_____	Ending Salary/Hourly Rate	_____
Job Title	_____	Supervisor	_____
Employer	_____	Address	_____
City/State/Zip	_____	Telephone Number	_____
Work Performed	_____ _____ _____		
Reason for Leaving	_____		

Date Employed: From:	_____	To:	_____
Starting Salary/Hourly Rate	_____	Ending Salary/Hourly Rate	_____
Job Title	_____	Supervisor	_____
Employer	_____	Address	_____
City/State/Zip	_____	Telephone Number	_____
Work Performed	_____ _____ _____		
Reason for Leaving	_____		

Have you ever worked under another name? If so, please give that name: _____

SPECIAL SKILLS

Do you type? Yes No If yes, number of words per minute: _____

Have you had any computer or word processing experience or training? Yes No

If yes, please describe the extent: _____

What languages do you speak and/or write fluently? _____

Use the space below to describe why you are interested in working for us. List the skills and abilities which you feel particularly qualify you for a position with us. Please attach resume if you have one available.

AFFIDAVIT

I certify that the answers given by me to the foregoing questions and statements are true and correct without any intentional omissions of consequence of any kind whatsoever. I understand that any misleading or incorrect statements may render this application void and, if employed, would be cause for my termination. I further agree that you shall not be liable in any respect if my employment is terminated because of falsity of statements, answers or omissions made by me in the questionnaire.

I also authorize the companies, schools or persons named above to give any information regarding my employment, character and qualifications and hereby release said companies, schools or persons from all liability for any damage for issuing this information. I certify that all statements and answers to questions about my abilities are true and were made without reservations. Further, I agree to expressly waive all provisions of law prohibiting any physician, person, hospital or other institution from disclosing to us any information regarding treatment rendered now and in the future. I further understand that the taking of a drug test and physical are a condition of employment and refusal to take such tests when requested will subject me to termination.

I also understand that no person is authorized to enter into any written or verbal employment contract on behalf of us without the express written consent of the Owner/President of the company. I understand my employment is at will. I further understand that I will be given an "employee handbook" outlining our rules and regulations.

Signature _____ Date: _____

COMPANY USE ONLY

Interviewed by: _____ Date: _____ Drivers Lic #: _____

Interviewer Remarks: _____
