

Jenner Sales Corp

P.O. Box 139
 Harristown, IL 62537
 Phone: 800-637-1692
 Fax: 217-963-2341



APPLICANT INFORMATION

Last Name		First Name		M.I.	Today's Date
Phone #		Street Address			Apt. #
City		State	Zip		
Date Available		Soc. Security Number			Salary Desired
Position Applied for:				Will you accept temporary employment? Yes No	
Are you a citizen of the United States?		Yes	No	If no, are you authorized to work in the U.S? Yes No	
Have you ever worked for this company?		Yes	No	If so, when?	
Have you ever been convicted of a felony?		Yes	No	If yes, explain.	
Do you have transportation?		Yes	No	Do you have a valid driver's license? Yes No	

EDUCATION

High School		Address			
From	To	Did you graduate?			Degree
College		Address			
From	To	Did you graduate?			Degree
Other		Address			
From	To	Did you graduate?			Degree

REFERENCES *List three professional references.*

Full Name		Relationship
Company		Phone ()
Address		
Full Name		Relationship
Company		Phone ()
Address		
Full Name		Relationship
Company		Phone ()
Address		

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PREVIOUS EMPLOYMENT

Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? Yes No			

Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? Yes No			

Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? Yes No			

MILITARY SERVICE

Branch	From	To
Rank at Discharge	Type of Discharge	
If other than honorable, explain		

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge and by signing below, I am allowing Jenner Sales Corp to investigate my driving record and background, at any time before and during my employment with Jenner Sales Corp. I also understand that as a Jenner Sales Corp employee, I may be subject to drug and alcohol testing in accordance with Federal and State DOT laws. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release. We are an Equal Opportunity Employer.

Signature	Date
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Branch Office Location

Tier Requirements

Employee Authorization to Release Records

I understand and agree that: The information supplied, was submitted by myself, and all information is true and correct, to the best of my knowledge. I understand that false or misleading information given in my application and/or interview(s) will be considered as cause for possible dismissal and/or discharge. I also understand that I am to abide by all rules and regulations of the company. The company has my authorization to thoroughly investigate my work and personal history. I understand that the information supplied by me, regarding my: Employment History, Education (including an authorization to release transcripts), Credit History, Criminal History, Medical and Professional Licensing, Motor Vehicle Record(s), Residence History, and References, will be utilized as part of the processing procedures. 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 SentryLink LLC an agent of _____ to make a thorough check of my past Employment, Education, and activities.

I release from liability all persons, companies, and corporations supplying that information.

I release and indemnify _____ and SentryLink LLC against any liability that might result from making such background checks. A copy of this form is as valid as the original.

EMPLOYEE/APPLICANT

_____ Last Name	_____ First Name	_____ Middle	_____-_____-_____ Social Security Number	_____/_____/_____ Date of Birth mm/dd
_____ Other Name(s) Maiden/Married		_____ Driver's License Number		_____ State

RESIDENCES (Starting with current)			
_____ Street Address	_____ City/State	_____ Zip	_____ How Long?
_____ Street Address	_____ City/State	_____ Zip	_____ How Long?

CURRENT EMPLOYER	CITY/STATE/ZIP	PHONE #	POSITION	MAY WE CONTACT CURRENT EMPLOYER?
				<input type="checkbox"/> YES <input type="checkbox"/> NO

PREVIOUS EMPLOYMENT	CITY/STATE/ZIP	PHONE #	POSITION	DATE OF EMP.

SCHOOL(S) ATTENDED	NAME OF SCHOOL	CITY/STATE	DATES ATTENDED	YEAR GRADUATED
High School			Not applicable	Not applicable
College				
Other				

The following information is used for identification and statistical purposes. It is not used in any manner considered discriminatory under EEOC guidelines.

Date of Birth ____/____/____	Race _____	Sex _____	Telephone (____) _____
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Signature

Date Signed