



Your First Source for
Innovative Interior
Soffit Solutions &
Custom Engineered
Fabrications

Innovations Inc.

Employment Application

JG Innovations, Inc. is an equal opportunity/affirmative action employer. All qualified applicants will be considered without regard to age, color, sex, religion, national origin, marital status, ancestry, citizenship, veteran status, sexual orientation or preference, or physical or mental disability.

Personal Information

Name: _____ Social Security Number: _____ - _____ - _____
(last) (first) (initial)

Other Names Used: _____

Home Phone Number: () _____ Work or Voice Mail Number: () _____

Address: _____
(street) (city) (state) (zip code)

Position Applied For: _____ Referred By: _____ Salary Desired: _____

When can you begin work? _____ If hired, will you be able to work overtime? () YES () NO

Are you of legal age? () YES () NO

If under 18, do you have a valid work permit? () YES () NO

Do you have a drivers license? () YES () NO

Are you able to lift 50lbs? () YES () NO

Do you have any disabilities or physical limitation that may reduce your ability to perform certain tasks?
() YES () NO

If yes, explain: _____

Have you ever been convicted of a crime, excluding misdemeanors and summary offenses, which have not been annulled, expunged or sealed by the court? (Answering yes to this question does not disqualify your application.)

() YES () NO

If yes, explain: _____

Education				
TYPE OF SCHOOL	NAME & LOCATION	COURSE OF STUDY	# OF YEARS	DEGREE OR DIPLOMA RECEIVED
HIGH SCHOOL				
COLLEGE				
OTHER				

Please list any activities, clubs, offices held and scholastic honors in high school or college.

Do you have any certifications or licenses in any trade or profession?

Employment History						
COMPANY	ADDRESS	DATES EMPLOYED		SALARY		REASON FOR LEAVING
		TO:	FROM:	STARTING:	LEAVING:	

Do you have any computer experience? () YES () NO WPM: _____

If yes, list software you are familiar with: _____

References

Please list three references that are not related to you and that you have known for more than one year:

Name: Business Phone Number Years Known

I certify that all statements made by me on this application are true and complete to the best of my knowledge and that I have withheld nothing that would, if disclosed, affect this application unfavorably.

I hereby acknowledge that I have read the above statement and understand the same.

(Signature of Applicant)

(Date)