

## APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

☐JWright Companies, Inc. ☐JWright Communities, LLC.

JWright Companies, Inc. 810 18<sup>th</sup> Street, #1 PO Box 1210 Evanston, WY 82931 (307)789-2559

## NOTICE TO ALL JOB APPLICANTS

Please read carefully the following information before completing the application for employment:

- Qualified applicants receive equal consideration. No question is asked for the purpose of excluding any applicant due to race, creed, color, national origin, religion, age, disability or sex, sexual orientation, etc. as prohibited by law or regulation. JWright Companies, Inc. and affiliates are an equal opportunity employer.
- 2. All new employees may be required to pass a drug test before starting work. JWright Companies, Inc. and affiliates also conduct random drug tests on all current employees in accordance with its drug prevention program.
- 3. JWright Companies, Inc. and affiliates hire only United States citizens and lawfully authorized alien workers. Applicants who are offered a job will be required to present documents proving their identity and eligibility to work in the United States.
- 4. JWright Companies, Inc. and affiliates also conduct background checks prior to employment. By signing this application you are giving consent to JWright Companies, Inc. to request the background check.
- 5. I understand that my employment with JWright Companies, Inc. and affiliates, if hired, is at will and I understand that my employment and conditions of employment may be changed and/or terminated at any time with or without notice.

PERSONAL INFOR	RMATION						
Name (Last, First, Middle	p):	Date:					
Social Security Number:							
Home Address:							
City:		State:	Z	Zip:			
Home Phone:	Cell Phone:	Business Phone:					_
POSITION YOU AR	RE APPLYING FOR						
Title:		Salary Requirement:					
Referred by:		Date You Can Start:					
,	ne or part-time employment? n occasion, if necessary?			Full-ti Yes			Part-time
	g obligations such as school, another job ments that might affect your work schedule here?		[ ]	Yes	[	] No	
Are you presently employ	/ed?		[ ]	Yes	[	] No	
Do you have to give adva	ance notice to your present employer?		[ ]	Yes	[	] No	
Do you authorize us to co	ontact your present employer for a reference?		[ ]	Yes	[	] No	
List job benefits, other tha	an wages you expect or want in order of importanc	e:					

## **EDUCATION RECORD**

Type of School	Name and Location of School	Years Attended	Type of Diploma or Degree	Major Field of Study
HIGH SCHOOL OR G.E.D.				
COLLEGE, UNIVERSITY, TECHNICAL OR VOCATIONAL				
ADDITIONAL LICENSES & CERTIFICATES			,	

Employer - 1	Dates Employe	d:
Address:		
City:	State:	Zip:
Phone:	Ending Salary:	
Title/Duties:		
Manager's Name and Title:		
Reason for Leaving:		
Employer - 2	Dates Employed:	
Address:		
City:	State:	Zip:
Phone:	Ending Salary:	
Title/Duties:		
Manager's Name and Title:		
Reason for Leaving:		

Employer - 3	Dates Employed:		
Address:			-
City:	State:	Zip:	_
Phone:	Ending Salary:		-
Title/Duties:			_
Manager's Name and Title:			_
Reason for Leaving:			-
Employer - 4	Dates Employed:		_
Address:			-
City:	State:	Zip:	_
Phone:	Ending Salary:		-
Title/Duties:			_
Manager's Name and Title:			_
Reason for Leaving:			_
Note: DOT requires drivers to complete work history for		driving experiend	ce for
the past 10 years. Please attach a sheet if more space	is needed.		
PRESENT EMPLOYMENT			
Are you presently employed?		[ ] Yes	[ ] No
Do you need to give your present employer an advance notice	9?	[ ]Yes	[ ] No
Do you authorize us to contact your present employer for a re-	ference?	[ ]Yes	[ ] No
PRIOR EVENTS			
Have you ever worked for or applied to work at JWright Comp If Yes, explain:	anies, Inc. or JWright Communities, LLC	;? []Yes []	No _
Do you authorize us to contact your previous employers for re	ferences?	[ ]Yes	[ ] No
Have you ever been discharged for cause?		[ ]Yes	[ ] No
Have you ever been indicted or convicted of a law violation otl	her than a minor traffic violation?	[ ]Yes	[ ] No
Would you be willing to take a drug/alcohol screening exam be	efore and after employment if requested?	? []Yes	- [ ]No

## PLEASE READ AND SIGN

All information provided by me is true and correct to the best of my knowledge. I understand omissions or misrepresentations may be cause for rejection or if employed, may be just cause for subsequent dismissal.

I hereby authorize any former employer, person, firm or corporation listed heron, including this company to answer any and all questions and agree to hold all persons harmless for giving any and all truthful information within their knowledge or records. I also authorize JWright Companies, INC and its affiliates to conduct a background check before employment.

I understand this is a preliminary application and not a contract to employ me. Furthermore, in the event I am employed, my employment shall be completely voluntary and may be terminated at will any time upon notice by either the company or myself.

I agree to take and pass a company paid-for physical examination by a physician at any time before or after employment. If employed, I agree to comply with all reasonable rules of the company as a condition of continued employment.

In the event the company advances me money or other things of value, or I otherwise become indebted financially to the company, I agree to repay the company and also that any wages due upon termination may be offset by payroll deduction against any such monies due the company.

Signature:	Date:
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