

JAMAICAN FLAVA

APPLICATION FOR EMPLOYMENT (Please print clearly)

Please Note: Applications must be accompanied by verification of all Licenses, certifications, degrees etc

DEMOGRAPHIC INFORMATION

Last Name			First Name			MI		
Security Number- _____ - _____			Other last names (PAST 10 YRS) _____			Social _____		
Date of Birth _____ / _____ / _____			Address _____			City, State _____ Zip _____		
Telephone Number _____			Email _____			Mobile Number _____		

Please check YES or NO to EACH question. Applications with omissions will not be considered.

YES	NO	
		Do you possess a valid driver's license? _____ Number _____ Expiration Date _____ Issuing State _____ Circle Class: A B C CDL List all traffic violations in the past 3 years which resulted in a conviction or a guilty plea:
		Are you legally eligible to be employed in the United States? (proof of identity and eligibility will be required upon hire)
		Have you ever been convicted of a crime under any law? (A conviction will not automatically disqualify you for employment. Rather, such factors as age, date of convictions, seriousness, nature of the crime and rehabilitation will be considered). If yes, name the county and state _____
		Have you ever been the subject of proceedings to suspend or revoke any professional license or certification? If yes, please explain. (use back if more space needed)
		Has any court, board, agency, or professional organization found you guilty of unprofessional conduct, dishonest or fraudulent practice, or incompetence in the practice of any human services related job?

POSITION DESIRED

Title of Position(s) _____ Desired Salary _____

Date Available to begin _____

EDUCATION

Circle the highest school year completed 1 2 3 4 5 6 7 8 9 10 11 12

Name of High School _____

Address _____

Did you graduate? YES ____ NO ____

If not, have you obtained a GED? YES ____ NO ____

EDUCATION BEYOND HIGH SCHOOL

Name of School	Location of School	Dates Attended	Graduate? Degree/Certificate Received	Credit Hours Received
			YES ____ Date Grad: ____ NO ____	
			YES ____ Date Grad: ____ NO ____	
			YES ____ Date Grad: ____ NO ____	

If you hold any professional credentials related to the position for which you are applying, list them separately along with the issuing source.

License/Certificate Number	Field or Specialty	Agency & State Issued	Expiration Date

Have you had the following training?

Bartending Training ___ No ___ Yes

Waiter/Waitress ___ No ___ Yes

Security ___ No ___ Yes

Other Relevant Training

WORK / VOLUNTEER HISTORY

Employer _____ Mailing Address _____

Telephone _____ City _____ State _____ Zip _____

Job Title _____ Supervisor _____

Duties _____

Start Date _____ End Date _____ Starting Pay _____ Ending Pay _____

Reason for leaving: _____

Employer _____ Mailing Address _____

Telephone _____ City _____ State _____ Zip _____

Job Title _____ Supervisor _____

Duties: _____

Start Date _____ End Date _____ Starting Pay _____ Ending Pay _____

Reason for leaving: _____

Employer _____ Address: _____

Telephone _____ City _____ State _____ Zip _____

Job Title _____ Supervisor _____

Duties: _____

Start Date _____ End Date _____ Starting Pay _____ Ending Pay _____

Reason for leaving: _____

PROFESSIONAL REFERENCES

Please complete the following information for three professional references. To aid in your potential employment, please ensure that all information is accurate and current.

Name _____ Mailing Address _____

City _____ State _____ Zip _____

Telephone _____ Alternate Ph # _____ Best Time to Reach _____

Name _____ Mailing Address _____

City _____ State _____ Zip _____

Telephone _____ Alternate Ph # _____ Best Time to Reach _____

PROFESSIONAL REFERENCES

Name _____ Mailing Address _____

City _____ State _____ Zip _____

Telephone _____ Alternate Ph # _____ Best Time to Reach _____

Name _____ Mailing Address _____

City _____ State _____ Zip _____

Telephone _____ Alternate Ph # _____ Best Time to Reach _____

I CERTIFY THAT INFORMATION GIVEN HEREIN IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE, and I authorize **JAMAICAN FLAVA.** to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools or persons from all liability in responding to inquiries in connection with my application. In the event of employment, I understand that any misrepresentation, falsification or material omission of information on this application may result in dismissal from employment. I understand that any offer of employment which may be made to me is contingent upon successfully completing a pre-employment medical examination (including a drug screen) from a selected, state licensed professional, medical facility, or agency, and a thorough background investigation. I also understand that I will be assessed the charges for the TB and drug test. **Upon employment I will provide a copy of all licenses listed in this application, Social Security Card, and proof of citizenship or immigration status.**

Signature _____ Date _____

PLEASE EMAIL APPLICATION TO:

JAMAICANFLAVA704@GMAIL.COM