



76 Ash Street
Leavenworth, KS 66048
(913) 682-2182

2420 East Spruce Circle
Olathe Kansas 66062
(913) 772-8994

Please Read Before Beginning: The information requested on this application will be used to determine your qualifications for employment. All re-requested information must be provided. Answer completely and accurately. Do not leave blanks. If a question does not apply or you do not have information, write "N/A" or "Not Applicable."

Once submitted, this document will be kept confidential and remain the property of J.F. Denney, Inc.

J.F. Denney, Inc. is committed to a policy of equal employment opportunity. We will not discriminate on the basis of race, creed, color, sex, sexual orientation, age, marital status, national origin, citizenship, ancestry, physical or mental disability, veteran status, or any other legally protected basis.

J.F. Denney offers very competitive pay and benefits to full time employees. The benefits include:

- | | |
|-------------------|----------------------------------|
| -Paid Vacation | -Vacation Time |
| -Social Security | -401K |
| -Workmen's Comp | -Health Insurance |
| -Life Insurance | -Multiple Field Service Benefits |
| -Company Training | -External Training |

EMPLOYMENT / JOB APPLICATION

PERSONAL INFORMATION

FULL NAME: _____ DATE: _____
First Middle Last

ADDRESS: _____
Street Address Apt/Suite

City State Zip Code

E-MAIL: _____ PHONE: _____

SOCIAL SECURITY NUMBER (SSN): ____ - ____ - ____

DATE AVAILABLE: _____

POSITION APPLIED FOR: _____

EMPLOYMENT DESIRED: ☐ FULL-TIME ☐ PART-TIME ☐ SEASONAL

EMPLOYMENT ELIGIBILITY

ARE YOU LEGALLY ELIGIBLE TO WORK IN THE U.S? ☐ YES ☐ NO*

HAVE YOU EVER WORKED FOR THIS EMPLOYER? ☐ YES* ☐ NO

*IF YES, WRITE THE START AND END DATES: _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY? ☐ YES* ☐ NO

*IF YES, PLEASE EXPLAIN: _____

EDUCATION

HIGH SCHOOL: _____ **CITY / STATE:** _____

FROM: _____ **TO:** _____

GRADUATE? ☐ YES ☐ NO **DIPLOMA:** _____

COLLEGE: _____ **CITY / STATE:** _____

FROM: _____ **TO:** _____

GRADUATE? ☐ YES ☐ NO **DEGREE:** _____

OTHER: _____ **CITY / STATE:** _____

FROM: _____ **TO:** _____

DEGREE/CERTIFICATION: _____

OTHER: _____ **CITY / STATE:** _____

FROM: _____ **TO:** _____

DEGREE/CERTIFICATION: _____

PREVIOUS EMPLOYMENT

EMPLOYER 1: _____

Company / Individual (**Please list most current employer first**)

E-MAIL: _____ **PHONE:** _____

ADDRESS: _____

Street Address

Apt/Suite

City

State

Zip Code

STARTING PAY: \$ _____ ☐ HOUR ☐ SALARY **ENDING PAY:** \$ _____ ☐ HOUR ☐ SALARY

JOB TITLE: _____ **RESPONSIBILITIES:** _____

FROM: _____ **TO:** _____

REASON FOR LEAVING: _____

EMPLOYER 2: _____

Company / Individual

E-MAIL: _____ PHONE: _____

ADDRESS: _____

Street Address

Apt/Suite

City

State

Zip Code

STARTING PAY: \$ _____ ☐ HOUR ☐ SALARY ENDING PAY: \$ _____ ☐ HOUR ☐ SALARY

JOB TITLE: _____ RESPONSIBILITIES: _____

FROM: _____ TO: _____

REASON FOR LEAVING: _____

EMPLOYER 3: _____

Company / Individual

E-MAIL: _____ PHONE: _____

ADDRESS: _____

Street Address

Apt/Suite

City

State

Zip Code

STARTING PAY: \$ _____ ☐ HOUR ☐ SALARY ENDING PAY: \$ _____ ☐ HOUR ☐ SALARY

JOB TITLE: _____ RESPONSIBILITIES: _____

FROM: _____ TO: _____

REASON FOR LEAVING: _____

REFERENCES
(PROFESSIONAL ONLY)

FULL NAME: _____ **RELATIONSHIP:** _____

First

Last

COMPANY: _____ TITLE: _____

E-MAIL: _____ PHONE: _____



FULL NAME: _____ **RELATIONSHIP:** _____
First Last

COMPANY: _____ **TITLE:** _____

E-MAIL: _____ **PHONE:** _____

FULL NAME: _____ **RELATIONSHIP:** _____
First Last

COMPANY: _____ **TITLE:** _____

E-MAIL: _____ **PHONE:** _____

Driving Information

Do you have a current Drivers License? ☐ YES ☐ NO

State: _____ **License #:** _____

Expiration Date: _____ **TO:** _____

Has your drivers license ever been suspended?: ☐ YES ☐ NO

IF YES, PLEASE EXPLAIN: _____

Do you have personal automobile insurance? ☐ YES ☐ NO

Has your personal insurance ever been cancelled? ☐ YES ☐ NO

Please list all moving traffic violations from the past 5 years?

Offense: _____ **Date:** _____ **Location:** _____

Offense: _____ **Date:** _____ **Location:** _____

Offense: _____ **Date:** _____ **Location:** _____

Offense: _____ **Date:** _____ **Location:** _____

Offense: _____ **Date:** _____ **Location:** _____

BACKGROUND CHECK CONSENT

IF ASKED, ARE YOU WILLING TO CONSENT TO A PRE-EMPLOYMENT DRUG TEST? ☐ YES ☐ NO

DISCLAIMER

Applicant understands that this is an Equal Opportunity Employer and committed to excellence through diversity. In order to ensure this application is acceptable, please print or type with the application being fully completed in order for it to be considered.

Please complete each section EVEN IF you decide to attach a resume.

I, the Applicant, acknowledge and understand that the company is an "at will" employer. Therefore, any employee (regular, temporary, or other type of category employee) may resign at any time, just as the employer may terminate the employment relationship with any employee at any time, with or without cause, with or without notice to the other party.

I, the Applicant, certify that my answers are true and honest to the best of my knowledge. If this application leads to my eventual employment, I understand that any false or misleading information in my application or interview may result in my employment being terminated.

SIGNATURE _____ DATE _____

PRINT NAME _____