



Jacob Shaw Incorporated

704 Ventura Place, San Diego, CA 92109 [stores]

4475 Mission Blvd. Suite 226, San Diego, CA 92109 (office)

Phone: (858) 490-4633 – Fax (858) 490-4648

Employment Application

(PLEASE PRINT)

APPLICANT INFORMATION			
Last Name	First	M.I.	Date
Street Address			Apartment/Unit #
City	State	ZIP	
Phone	E-mail Address		
Date Available to Start	*Schedule Availability: M <input type="checkbox"/> TU <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F <input type="checkbox"/> SA <input type="checkbox"/> SU <input type="checkbox"/>		
* Availability can and will impact on hiring decision. The days disclosed as available will be used to determine company's future schedule, and you will be held accountable for these days. Not being able to follow the availability presented if hired will be considered grounds for termination of this employment at just cause.			
Position Applied for	Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>		
Are you authorized to work in the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?

EDUCATION			
High School		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
College		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Other		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree

REFERENCES		
<i>Give name, address and telephone number of three references who are not related to you and are not previous employers</i>		
Full Name	Relationship	Phone ()
Company	Address	
Full Name	Relationship	Phone ()
Company	Address	
Full Name	Relationship	Phone ()
Company	Address	

PREVIOUS EMPLOYMENT

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

We Consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

Company		Phone ()	
Address		Supervisor	
Job Title			
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ()	
Address		Supervisor	
Job Title			
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ()	
Address		Supervisor	
Job Title			
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

IN CASE OF EMERGENCY NOTIFY	
Name	Phone Number:
Address	
Relationship	

DISCLAIMER AND SIGNATURE	
<p>I certify that my answers are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature; which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledge in writing by an authorized executive of this organization.</p> <p>If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release/discharge. I understand also that I am required to abide by all rules and regulations of the employer.</p>	
Signature	Date