



# APPLICATION FOR EMPLOYMENT

## Contact Numbers

Phone: (251) 653-1771  
 Fax: (251) 653-1115  
[resume@jwlegacy.com](mailto:resume@jwlegacy.com)

*An Equal Opportunity Employer*

Thank you for your interest in employment with JW Legacy Group LLC, also referred to as “JWL,” “JW Legacy” and “Company”. All applicants will receive consideration for employment without regard to race, color, religion, sex, national origin, age, disability, veteran status, military obligations, genetic information and any other characteristic protected by law.

JWL is subject to various state and federal government regulations. Before offering a position to any applicant, the company will consider the results of a thorough background check, which may include prior employment and education verification, criminal conviction record, credit record, driving record, pre-employment drug-screening and other areas. Pre-placement physical exams are also required for some positions and/or assignments solely for the purpose of certifying fitness for duty; in such cases, employment offers will be contingent on pre-placement certification of fitness for duty, with or without reasonable accommodation, by a Company-designated physician.

### INSTRUCTIONS AND INFORMATION

You **MUST** complete this application **IN FULL** in order to be considered for employment with JWL as a temporary employee. Make sure that all the information you supply is **complete** and **correct**. Failure to do so may result in disqualification from consideration for hire or termination of employment. The information provided in this application will be used to determine your eligibility for the position for which you are applying. The “Voluntary Self-Identification” sheet requests information that federal regulations require us to gather, but it is not part of the application itself. The “Voluntary Self-Identification” sheet will be separated from the application before it is reviewed for employment consideration. All application materials become the property of JWL and will not be returned.

**Please print legibly.** Please complete **ALL** areas below.

### PERSONAL INFORMATION

Name (Last, First, Middle Initial): Note: Use Your Full Legal Name			
Address (Street, City, State, Zip Code)			Email Address
Home Phone Number ( )	Work Phone Number ( )	May we contact you at work? <input type="checkbox"/> Yes <input type="checkbox"/> No	Cell Phone Number ( )
Type of Position Applying For (Circle One) <input type="checkbox"/> Professional <input type="checkbox"/> Light Industrial <input type="checkbox"/> Office	Mark all that apply <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Regular <input type="checkbox"/> Short –term temporary <input type="checkbox"/> Long-term temporary	Hourly Rate or Salary Desired  Per week/month(circle)	When are you available to start work?
Hours Available to Work (mark all that apply) <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening <input type="checkbox"/> Weekdays <input type="checkbox"/> Weekends			
What is the maximum shift length you are willing and able to work on a regular basis? <input type="checkbox"/> 4 hours <input type="checkbox"/> 8 hours <input type="checkbox"/> 12 hours			
Are you comfortable working outdoors in inclement weather including humidity, heat, sun and cold? <input type="checkbox"/> Yes <input type="checkbox"/> No			
How many miles are you willing to commute for work? <input type="checkbox"/> up to 20 <input type="checkbox"/> 21 - 40 <input type="checkbox"/> 41-50 <input type="checkbox"/> 51 or more			
Are you willing to relocate for work? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have reliable transportation? <input type="checkbox"/> Yes <input type="checkbox"/> No			

For reference purposes, have you worked or attended school under other names? <input type="checkbox"/> Yes <input type="checkbox"/> No      If yes, List Name(s):		Have you previously applied for a position with JWL? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when (month, year)?	
Are you now or have you ever been employed by JWL? <input type="checkbox"/> Yes <input type="checkbox"/> No List dates and position(s):			
Are you related to anyone currently employed by JWL? <input type="checkbox"/> Yes <input type="checkbox"/> No List name(s) and relationship:		Do you have a valid Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No	
How did you find out about this job opening? <input type="checkbox"/> JWL Employee <input type="checkbox"/> Newspaper Ad <input type="checkbox"/> One Stop Career Center <input type="checkbox"/> JWL: Website <input type="checkbox"/> Other website (please specify _____) <input type="checkbox"/> Other (Please Explain): _____		Are you at least 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you legally authorized to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If employment is offered, you must show documents for verification that prove your identity and employment eligibility as required by the Immigration Reform and Control Act of 1986.</i>			
<p><b>Criminal Convictions</b> –Have you ever been <u>convicted</u> of a crime?      <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, list <b>ALL</b> crimes, including misdemeanors, of which you have been convicted or to which you have pled guilty with the exception of minor traffic violations (e.g. expired parking meter, speeding tickets, etc.). You <u>must</u> include DUI and Reckless Driving convictions. Do not list any crimes for which you were arrested but not convicted. <b>Note:</b> This company will not deny employment to any applicant solely because the person has been convicted of a crime. The company however, may consider the nature, date, and circumstances of the offense as well as whether the offense is relevant to the duties of the position applied for.</p> <p>If yes, please briefly describe the nature of each crime, the date and place of conviction and the legal disposition of the case.</p>			

**REFERENCES:** List three persons who may be contacted as personal references regarding your work and/or professional education/training. Do not list family members.

Name(First & Last)	Street Address (or P.O. Box)	City	State	Zip	Telephone Number(s)	Email Address

**EDUCATION & CREDENTIALS**

Name and Location of High School (city and state)	High School Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	GED? <input type="checkbox"/> Yes <input type="checkbox"/> No
---	--	---

Please list all post-high school education beginning with **most recent**. Indicate a diploma or degree, if completed.

Name & Location of School (city and state)	# of yrs. completed	Graduated	Degree/ Diploma	Course of Study
		<input type="checkbox"/> Yes <input type="checkbox"/> No	If no, approximate number of credit hours completed.	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	If no, approximate number of credit hours completed.	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	If no, approximate number of credit hours completed.	

Applicants for some positions will be required to submit official copies of postsecondary educational transcripts.

Do you hold any professional certifications or licenses specific to the type of work you would like to do? If so, please list and describe.

Certification/Licensure	Granted/Awarded By	Description

**EMPLOYMENT HISTORY:** List all current and previous employment for the last ten years, including military service, **starting with the most recent position held**. Whether or not you attach a resume, this section must be completed in its entirety. Information will be used in reference checks. Failure to completely and truthfully answer all items in the following section may eliminate you from further consideration.

Dates Employed (month/year) From: _____ To: _____		Position Title	
Wages Start: \$ _____ per _____ Final: \$ _____ per _____		Organization Name/Address	
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time, hrs/wk _____			
May we contact for references <input type="checkbox"/> Yes <input type="checkbox"/> No		Supervisor's Name/Title/Phone:	Reason For Leaving:
Duties			

Dates Employed (month/year) From: _____ To: _____		Position Title	
Wages Start: \$ _____ per _____ Final: \$ _____ per _____		Organization Name/Address	
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time, hrs/wk _____			
May we contact for references <input type="checkbox"/> Yes <input type="checkbox"/> No		Supervisor's Name/Title/Phone:	Reason For Leaving:
Duties			

Dates Employed (month/year) From: _____ To: _____		Position Title	
Wages Start: \$ _____ per _____ Final: \$ _____ per _____		Organization Name/Address	
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time, hrs/wk _____			
May we contact for references <input type="checkbox"/> Yes <input type="checkbox"/> No		Supervisor's Name/Title/Phone:	Reason For Leaving:
Duties			
Dates Employed (month/year) From: _____ To: _____		Position Title	
Wages Start: \$ _____ per _____ Final: \$ _____ per _____		Organization Name/Address	
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time, hrs/wk _____			
May we contact for references <input type="checkbox"/> Yes <input type="checkbox"/> No		Supervisor's Name/Title/Phone:	Reason For Leaving:
Duties			
Dates Employed (month/year) From: _____ To: _____		Position Title	
Wages Start: \$ _____ per _____ Final: \$ _____ per _____		Organization Name/Address	
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time, hrs/wk _____			
May we contact for references <input type="checkbox"/> Yes <input type="checkbox"/> No		Supervisor's Name/Title/Phone:	Reason For Leaving:
Duties			

**PLEASE READ CAREFULLY AND CHECK THE BOX**

I certify that the above statements are true and complete. I understand that any false information or omissions (including, but not limited to, failure to reveal prior employers) in this application or its supporting documents, or in an interview, will be sufficient grounds for refusal to hire me or, if I am hired, immediate termination without notice. **I understand that completion of this application in no way constitutes an offer of employment.** I agree that compliance with all rules, policies and procedures of JWL affecting my employment shall constitute a part of my employment, if employment is offered and accepted. I understand that this application form will be active for 90 days from the date of completion; if I wish to be considered for employment with JWL after that time, I understand that I will be required to complete and submit a new application form.

I authorize JWL to obtain information about me from my previous employers and credit sources and to review my education, previous employment, driving records, criminal records, references, and other background data. I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, and release all parties from all liability for any damage that may result from furnishing same to you. I also agree to voluntarily submit to a pre-employment drug screen. **I acknowledge that JWL is an at-will employer and that, if hired, my employment is "at-will", for no definite period and may, regardless of the date of payment of my wages and/or salary, be terminated at any time with or without prior notice and without cause.**

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

## EMPLOYMENT HISTORY CONTINUATION – Optional Supplemental Sheet

Dates Employed (month/year) From: _____ To: _____		Position Title	
Wages Start: \$ _____ per _____ Final: \$ _____ per _____		Organization Name/Address	
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time, hrs/wk _____			
May we contact for references <input type="checkbox"/> Yes <input type="checkbox"/> No		Supervisor's Name/Title/Phone:	Reason For Leaving:
Duties			
Dates Employed (month/year) From: _____ To: _____		Position Title	
Wages Start: \$ _____ per _____ Final: \$ _____ per _____		Organization Name/Address	
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time, hrs/wk _____			
May we contact for references <input type="checkbox"/> Yes <input type="checkbox"/> No		Supervisor's Name/Title/Phone:	Reason For Leaving:
Duties			
Dates Employed (month/year) From: _____ To: _____		Position Title	
Wages Start: \$ _____ per _____ Final: \$ _____ per _____		From: From:	
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time, hrs/wk _____			
May we contact for references <input type="checkbox"/> Yes <input type="checkbox"/> No		Supervisor's Name/Title/Phone:	Reason For Leaving:
Duties			
Dates Employed (month/year) From: _____ To: _____		Position Title	
Wages Start: \$ _____ per _____ Final: \$ _____ per _____		Organization Name/Address	
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time, hrs/wk _____			
May we contact for references <input type="checkbox"/> Yes <input type="checkbox"/> No		Supervisor's Name/Title/Phone:	Reason For Leaving:
Duties			



## Drug Testing Consent

I hereby CONSENT to allow the laboratory service specified by JW Legacy Group, LLC to take a specimen of my hair, urine, or blood and submit it for a pre-employment, random, or reasonable suspicion drug test screen. I FURTHER CONSENT to allow the laboratory testing service to make the results of such screen available to the prospective or current employer, JW Legacy Group, LLC.

In consideration for such services being rendered on my behalf, I hereby RELEASE the laboratory testing service, its officers, agents, and employees, from any and all claims which I might otherwise have due to such results being made so available. I hereby CONSENT NOT TO FILE ANY ACTION at law or in equity against JW Legacy Group, LLC, the laboratory testing service and/or their respective officers, agents or employees in connection with the results of such screen being made so available, and I hereby agree to INDEMNIFY and SAVE HARMLESS JW Legacy Group, LLC, the laboratory testing service and/or their respective officers, agents, and employees from all damages, expenses, reasonable attorney's fees, and costs of court which they or any of them may suffer or incur, jointly or severally, due to the results of such screen being made so available.

Applicant's Name (Please Print) \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date



**Background Check Disclosure and Consent:  
Authorization to Obtain a Consumer Credit Report,  
Background Check and FCRA Release**

**This is to notify you that a Consumer Credit Report and/or Investigative Consumer Report concerning you may be obtained for employment purposes.**

The Federal Fair Credit Reporting Act, as amended, permits the procurement of consumer credit reports for employment purposes, provided that the employer makes a clear and conspicuous disclosure to the job applicant that the report may be obtained for employment purposes and obtains the applicant's written authorization for the report.

Please be advised that JW Legacy Group, LLC may obtain a background check report and a consumer credit report and/or an investigative consumer report concerning you for employment purposes.

**Authorization**

By signing the release below, I hereby authorize JW Legacy Group, LLC and its designated employees and agents, including but not limited to National Application Processing & Screening, Inc. ("NAPS, Inc."), to conduct a comprehensive review of my background and to cause a consumer credit report and/or investigative consumer report to be generated for employment purposes. I understand that the scope of the background check and consumer credit report and/or investigative consumer report may include, but is not limited to, verification of my social security number; verification of current and previous residences; employment history including all personnel files; education including transcripts; character references; credit history and reports; criminal history records from law enforcement agencies or municipal, state, county and federal courts; motor vehicle records; and other public records.

I further authorize any individual, company, firm, corporation, school, or public agency to divulge any and all information, verbal or written, and to release any records or data which it/they may have pertaining to me to JW Legacy Group, LLC or its agents, including but not limited to NAPS, Inc.

I understand that, before any adverse action based in whole or in part on the report is taken against me, JW Legacy Group, LLC will provide me with a copy of the consumer credit report and/or investigative consumer report and a written description of my rights under the Fair Credit Reporting Act.

---

**Please Print:**

Name: \_\_\_\_\_

Other names used: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Previous Address (if any): \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

School From Which You Graduated: \_\_\_\_\_

Date received degree (if applicable): \_\_\_\_\_

Social Security #: \_\_\_\_\_

Driver's License Number & State: \_\_\_\_\_

Date of Birth (Month, Day, Year): \_\_\_\_\_

I believe to the best of my knowledge that all information I have provided is accurate, true and correct and that I fully understand the terms of this consent.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date





# Driver's Information Sheet

**Applicant: Complete if you wish to be considered for assignments that require driving.**

**If you do not wish to be considered for assignments that require driving, initial here \_\_\_\_\_  
and sign on the applicant/employee signature line below.**

Date: \_\_\_\_\_

Name (Please Print): \_\_\_\_\_

Address:

\_\_\_\_\_  
\_\_\_\_\_

1. Do have a valid driver's license?	____ Yes	____ No
2. Has your driver's license ever been suspended?	____ Yes	____ No
3. Have you been in an accident in the last three years? If so, how many? _____	____ Yes	____ No
4. Have you been found guilty of a DUI while driving for another employer on the clock?	____ Yes	____ No
5. Can you provide proof of your driving record if needed?	____ Yes	____ No

Signature \_\_\_\_\_

Date \_\_\_\_\_



## Authorization and Release of DMV Records

**Applicant: Complete if you wish to be considered for assignments that require driving.**

**If you do not wish to be considered for assignments that require driving, initial here \_\_\_\_\_  
and sign on the applicant/employee signature line below.**

I understand that driving a JW Legacy Group, LLC company vehicle (or my own vehicle, as required) may be a requirement for one or more assignments I may be considered for as a temporary employee of JW Legacy Group, LLC and that having and maintaining a satisfactory driving record is a condition of my eligibility for assignments where driving is a requirement.

I agree to allow JW Legacy Group, LLC and/or its agent, National Application Processing & Screening, Inc. ("NAPS, Inc."), to check my driving record prior to hire and to check it periodically thereafter. I further agree to report any license suspensions, driving offenses, DUI convictions, or any other relevant conditions that may affect my ability to drive a JW Legacy Group, LLC vehicle (or my own vehicle, if I am required to drive) to my supervisor immediately after I am hired. I agree to obtain a Driver's license prior to hire if I do not already have one if one is required for an assignment that I am offered and choose to accept.

I understand that JW Legacy Group, LLC will use this information for employment purposes only and will not furnish this information to a third party without my written consent.

I agree to release JW Legacy Group, LLC, its employees, agents, and members, NAPS, Inc. and any others who supply JW Legacy Group, LLC with the above- referenced information from any liability for any damage which may result from furnishing the requested information or my failure to be hired for the position for which I am applying.

Driver's License Number & State \_\_\_\_\_ Date of Birth \_\_\_\_\_

List any traffic violations that you have had in the past 3 years:

Printed Name of Applicant/Employee \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant/Employee

\_\_\_\_\_  
Date



## JW Legacy Group, LLC Voluntary Self Identification Form for Applicants

**Note: This form will not be made available to interviewers or included in operating personnel records.**

JW Legacy Group, LLC is an Equal Employment Opportunity Employer. We are subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights and regulations. In order to comply with these laws, we invite our employment applicants to voluntarily self-identify to certain specified categories. Submission of this information is completely voluntary and refusal to provide it will not subject you to any adverse treatment. Whether or not you respond will not affect our consideration of your application. This information will be kept confidential in accordance with state and federal laws, and will only be used in accordance with the provisions of applicable laws, executive orders and regulations. We may be required to summarize such data for government reporting purposes, and, if so, such data will not identify any specific individual.

**Name** (please print) \_\_\_\_\_ **Date completed** \_\_\_\_\_

**GENDER:** (Please check one)  Male  Female

**RACE/ETHNICITY:**

(Please check one of the descriptions below corresponding to the ethnic group with which you identify.)

**Hispanic or Latino:** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

**White (Not Hispanic or Latino):** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

**Black or African American (Not Hispanic or Latino):** A person having origins in any of the black racial groups of Africa.

**Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino):** A person having origins in any of the peoples of Hawaii, Guam, Samoa or other Pacific Islands.

**Asian (Not Hispanic or Latino):** A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.

**American Indian or Alaska Native (Not Hispanic or Latino):** A person having origins in any of the original peoples of North and South America (including Central America) and who maintain tribal affiliation or community attachment.

**Two or More Races (Not Hispanic or Latino):** All persons who identify with more than one of the above six races.

I do not wish to self-identify.