

Employment Application



DRUG TESTING & ARBITRATION AGREEMENT NOTICE TO ALL APPLICANTS

JACK IN THE BOX promotes a drug-free work environment. If a job offer is extended to you, you may be required to submit to and pass a drug and/or alcohol test for the abuse of illegal substances prior to being hired. Additionally, a drug test may be required following a work-related injury and prior to finalizing a promotion, unless an exception applies in your state. Any employment with JACK IN THE BOX may also be conditioned upon your agreement to submit any claims or controversies arising out of your employment to arbitration pursuant to the JACK IN THE BOX Dispute Resolution Agreement.

Personal

JACK IN THE BOX® hires only U.S. citizens and lawfully authorized alien workers. Your name and social security number may be verified with the Social Security Administration. The law prohibits discrimination because of race, color, religion, sex, age, national origin, or a disability which may be reasonably accommodated.

THIS BOX FOR COMPANY USE ONLY

DATE HIRED _____ HOURLY PAY \$ _____
 SHIFT HIRED FOR _____ FIRST DAY WORKED _____
 RESTAURANT NO. _____
 POSITION HIRED FOR _____

Availability

What led you to contact us for employment?

Date available for employment: MONTH _____ DAY _____ YEAR _____

Position(s) desired:

Total hours available per week
 (Total hours scheduled are at the discretion of management)

HOURS AVAILABLE

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
From							
To							

Are you seeking seasonal employment? Yes No If yes, for how long? FROM: _____ TO: _____

If hired is there anything that may prevent you from reporting to work each scheduled day on time? Yes No If yes, please explain:

Miscellaneous

Have you previously worked for JACK IN THE BOX? Yes No If yes, dates:
 If yes, was it a company restaurant? Yes No FROM _____ TO _____

Reason for leaving

Location _____ Name of Immediate Supervisor _____

Do you have family/relatives that work for JACK IN THE BOX? Yes No
 If yes, please state their name, relationship to you and where they work.

Are you able to perform all the essential functions of the job for which you are applying with or without accommodation? Yes No

If hired, do you agree to abide by the safety rules of the company? Yes No

Have you ever been denied a driver's license, or had your license revoked or suspended? Yes No
 If yes, please explain:

Applicants in all states other than Hawaii are required to answer the following questions:

Have you been convicted of a felony within the last 10 years? Yes No

Have you been released from prison/jail as a result of a crime for which you were convicted (felony or misdemeanor) within the last 10 years? (A conviction will not necessarily disqualify you from employment.) Yes No
 If you answer yes to either question, please indicate the charge, place, and action taken.

DATE _____ HOME PHONE (____) _____

LAST NAME _____

FIRST _____ MIDDLE _____

STREET ADDRESS _____

CITY _____

STATE _____ ZIP CODE _____

Are you over 18 years of age? Yes No
 If "No", state your date of birth:
 MONTH _____ DAY _____ YEAR _____

If hired can you provide proof of eligibility to work in the United States prior to your start date? Yes No

Person to be contacted in case of an emergency:
 Name _____ Phone _____

Education

High School name and location _____ No. of years attended _____
 Graduated? Yes No GED

College name and location _____ No. of years attended _____
 Graduated? Yes No

Technical name and location _____ No. of years attended _____
 Graduated? Yes No

Are you currently enrolled in school? Yes No
 If yes, please give name and location.

Work History

Have you ever worked before? Yes No

Begin with your most recent employer and account for your last three jobs or the last 7 years, whichever is shorter. If you worked under a different name, please indicate.

1 Employer's Name

Street Address

City

State

Zip Code

Phone ()

Dates of employment (Month/Day/Year)

FROM

TO

Position/Duties Full Time Part Time

Name of Immediate Supervisor

Reason for Leaving

Hourly Pay
Starting

Present/Final

2 Employer's Name

Street Address

City

State

Zip Code

Phone ()

Dates of employment (Month/Day/Year)

FROM

TO

Position/Duties Full Time Part Time

Name of Immediate Supervisor

Reason for Leaving

Hourly Pay
Starting

Present/Final

3 Employer's Name

Street Address

City

State

Zip Code

Phone ()

Dates of employment (Month/Day/Year)

FROM

TO

Position/Duties Full Time Part Time

Name of Immediate Supervisor

Reason for Leaving

Hourly Pay
Starting

Present/Final

Company Use Only Do not write below.

Interviewer 1

Interviewer Guide

Results

Date

Comments

Interviewer 2

Interviewer Guide

Results

Date

Comments

Applicant Signature

Please read the following paragraphs very carefully before signing this application.

I certify that to the best of my knowledge and belief, the statements made by me in this application are correct and complete without omission of any kind. I understand that any false information I give when applying for employment, whether in this application or otherwise, will cause termination of my employment, regardless of when discovered. You are hereby authorized to investigate all the statements made in this application, except for any information about disability and medical conditions or treatment, which is prohibited by the Americans With Disabilities Act.

All pay options will be communicated to me during the on-boarding process. Until I complete on-boarding, I agree to be paid using a Jack PayCard.

I further agree that I do not have an employment contract and that my employment can be terminated or modified with or without notice or cause at any time by the company or me.

Applicant's Signature

Date

- When you return your application, please plan on spending approximately 30 minutes completing the application process.