_____ d/b/a

(Franchise Entity Name - Employer)

JACKSON HEWITT® TAX SERVICE

An Equal Opportunity Employer

It is the policy of the Company to provide equal employment opportunities to all applicants without regard to all applicant's race, color, religion, sex, national origin, age, marital status, veteran status, disability, or any other status protected by law. The Company will provide reasonable accommodations to allow an applicant to participate in the hiring process (i.e., accommodations for a test or job interview) if you request such accommodations. When completing this application, you may exclude information regarding your race, religion, age, sex, marital or veteran status, disability or any other status protected by law.

EMPLOYMENT APPLICATION

LOCATION: [ ]

Specify Location by State

PLEASE PRINT NEATLY YOUR RESPONSES TO ALL QUESTIONS - DO NOT REFERENCE RESUME.

PERSONAL INFORMATION

Name _____ Date _____
LAST FIRST MIDDLE

Current Address _____
STREET CITY STATE ZIP

Social Security # _____ Home Phone _____ Business Phone _____

Have you ever applied or been employed to work at a Jackson Hewitt Tax Service office? ❑ YES ❑ NO

If yes, when? _____ Where? _____ Supervisor's Name _____

If hired, can you provide proof that you are eligible to work in the United States? ❑ YES ❑ NO

Are you able to perform the essential duties of the position for which you are applying either with or without reasonable accommodations? ❑ YES ❑ NO

If necessary, please describe the essential duties you cannot perform and any accommodations you require.

Are you at least 18 years old? ❑ YES ❑ NO If not, do you have a work permit? ❑ YES ❑ NO

Have you ever been convicted of a felony, misdemeanor or any other offense other than a minor traffic violation? ❑ YES ❑ NO

Explain _____

EMPLOYMENT DESIRED

Position applying for _____ Wage or Salary Desired _____ Date Available for Work _____

Applying for? ❑ FULL TIME ❑ PART TIME If part time, how many hours per week? _____

IF APPLICABLE TO DESIRED POSITION, PLEASE COMPLETE THE INFORMATION IN THIS BOX.

Are you willing to work overtime as required? ❑ YES ❑ NO

Will you work nights? ❑ YES ❑ NO Weekends? ❑ YES ❑ NO

Are there any days or hours you cannot work? ❑ YES ❑ NO If yes, please indicate ❑ DAYS ❑ HOURS _____

WORK EXPERIENCE

PLEASE NOTE: If you were known by another name at a previous place of employment, please state the other name and date of use:

Name and Address of Present or Last Employer	From Mo.	From Yr.	To Mo.	To Yr.	Starting Wage/Salary	Final Wage/Salary	Bonus	Reason for Leaving	Name and Title of Supervisor
Describe the Work You Did (Title):									
Telephone									

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Describe the Work You Did (Title):									
Telephone									

I hereby give permission to contact the employers listed above concerning my prior work experience.

Signed _____

If there is a particular employer(s) you do not wish us to contact, please indicate which one(s) and why: _____

_____

_____

_____