



# APPLICATION FOR EMPLOYMENT

WE CONSIDER APPLICANTS FOR ALL POSITIONS WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, AGE, VETERAN STATUS, THE PRESENCE OF A DISABILITY, OR ANY OTHER LEGALLY PROTECTED STATUS.

Each section and question must be fully and accurately answered. No action will be taken on incomplete applications.

(PLEASE PRINT)

Position applying for:	Date:
Name:	
Address (street, city, state, zip):	
Telephone number:	

If you are under 18 years of age, can you provide required proof of your eligibility to work?  Yes  No

Have you ever filed an application with us before?  Yes  No

Have you ever been employed with us before?  
If yes give date(s)  Yes  No

Are you currently employed?  Yes  No

May we contact your present employer?  Yes  No

Are you lawfully authorized to work in the U.S.?  Yes  No

On what date would you be available for work? \_\_\_\_\_

Are you available to work:  full time  part time  temporary

**We are an Equal Opportunity Employer M/F/D/V.**

## Education

	High school	College	Graduate
Name of school			
Circle years completed	9 10 11 12	1 2 3 4	1 2 3 4
	Diploma [ ] Yes [ ] No	Degree awarded:	Degree awarded:
Course of study			
List any honors received:			
Apprenticeships, specialized schools, etc.:			
List any job-related skills and qualifications:			
List professional, trade, business or job-related offices held:			

## References

Give name, address and telephone number of three (3) references who are not related to you and are not previous employers.

	Name	Address	Telephone number
1.			
2.			
3.			

# Employment Experience

**Start with your present or most recent job; include any job-related military service assignments and job-related volunteer activities.**

Employer	Dates:	Work performed
Address	From	
	To	
Telephone number	Pay rate:	
Reason for leaving	Begin	
Supervisor and Title	End	
Employer	Dates:	Work performed
Address	From	
	To	
Telephone #	Pay rate:	
Reason for leaving	Begin	
Supervisor and Title	End	
Employer	Dates:	Work performed
Address	From	
	To	
Telephone #	Pay rate:	
Reason for leaving	Begin	
Supervisor and Title	End	
Employer	Dates:	Work performed
Address	From	
	To	
Telephone #	Pay rate:	
Reason for leaving	Begin	
Supervisor	End	
Employer	Dates:	Work performed
Address	From	
	To	
Telephone #	Pay rate:	
Reason for leaving	Begin	
Supervisor	End	

Carefully read the following:

I certify that the answers given herein are true and complete to the best of my knowledge. I understand that this Application for Employment is used to notify me that the nature and scope of an investigation, if one is conducted, could include such general identification information as residence verification, and, as applicable, information concerning my employment, education, general reputation, character, personal characteristics, and habits. Such information may be developed through personal interviews with third parties such as family members, neighbors, friends, associates, former employers, financial sources, and custodians of official records. Only job-related information developed from such a report will be considered in evaluating my employment application or continued employment. I hereby authorize these persons, companies, organizations or corporations to answer all questions or release any information regarding the items listed in this paragraph. I hereby release them from any liability and hold them harmless from any claim for releasing any truthful information within their knowledge and/or records.

I authorize Johnson Brothers to release to any person, firm, entity or organization with which I may seek employment in the future, any truthful information concerning my work experience with Johnson Brothers. I hereby release and hold Johnson Brothers harmless from any claim for releasing any truthful information within its knowledge and/or records.

I hereby acknowledge that any employment relationship with this company is on 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 this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of the company.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge.

I have had an opportunity to have my questions about this statement's content and intent answered and understand its terms.

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

\_\_\_\_\_\ \\  
mm dd yy

This application is current only for thirty (30) days, at the conclusion of which time, if you have not heard from us and still wish to be considered for employment, it will be necessary for you to fill out a new application.

**JOHNSON BROTHERS, INC.**

Drug Testing Consent Form  
Prospective Employees

Pursuant to my application for employment with JOHNSON BROTHERS, INC, I consent to take a drug test as part of the company's drug free workplace policy.

I understand that the collection, testing, and reporting of my drug or alcohol test results will be done in accordance with standard chain of custody procedures.

I understand that in the event I do not work more than thirty (30) days with JOHNSON BROTHERS, INC, the cost of my pre-employment test will be deducted from my final paycheck. This provision does not apply in the event that I am involuntarily laid off.

I consent to the release of my test results received from the testing laboratory by Minert & Associates, Inc. to management officials at JOHNSON BROTHERS, INC and understand that those results will be held in confidence by all parties involved.

I understand that if I test positive for the presence of illegal drugs, I will have an opportunity to discuss that result with the staff of Minert & Associates, Inc., for the purpose of providing a reasonable explanation regarding my positive drug test.

I further understand that if my test remains positive for the presence of illegal drugs, I will not be offered employment with the company.

I understand the terms of JOHNSON BROTHERS, INC's drug testing policy.

\_\_\_\_\_  
Applicant's Name (PRINT)

\_\_\_\_\_  
Applicant's Home Phone Number

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date