

# Application for Employment

Please Print & Complete Application

Johnson Employer Support Services  
www.PEOAmerica.com

Equal access to programs, services and Employment is available to all persons. Those applications requiring reasonable accommodation to the application and/or interview process should notify a representative of this company.

Position(s) applied for \_\_\_\_\_ Date of application \_\_\_\_/\_\_\_\_/\_\_\_\_

Name \_\_\_\_\_ Social Security # \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Street City State Zip Code

Telephone#(\_\_\_\_) \_\_\_\_\_ Other Phone#(\_\_\_\_) \_\_\_\_\_ E-Mail \_\_\_\_\_

Are you under 18?  Yes  No. If yes, and it is required, can you supply a work permit?  Yes  No.

Have you ever been employed here before?  Yes  No If yes, give dates and positions \_\_\_\_\_

Are you legally eligible to work in this country? .....  Yes  No

What is your desired salary \$ \_\_\_\_\_ What date are you available for work? \_\_\_\_/\_\_\_\_/\_\_\_\_

Type of work desired  Full-Time  Part-Time  Temporary  Seasonal  Educational Co-Op

Are you able to meet the attendance requirements of the position? .....  Yes  No

Have you ever pled "guilty" or "No Contest" to, or been convicted of a felony? .....  Yes  No

If yes please give date(s) and details \_\_\_\_\_

Answering "yes" to this question does not constitute an automatic bar to employment. Factors such as the date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account.

Driver's licence number if driving is a essential job function \_\_\_\_\_ State \_\_\_\_\_

## Employment History *Provide the following as completely as possible starting with the most recent*

From	To	Employer	Telephone # ( )
Starting Job Title / Final Job Title		Address	
Immediate Supervisor and Title		Summarize the nature of work performed and job responsibilities.	
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later			
Reason for leaving		Wage Rate / Salary Start \$ _____ Per _____ Final \$ _____ Per _____	
From	To	Employer	Telephone # ( )
Starting Job Title / Final Job Title		Address	
Immediate Supervisor and Title		Summarize the nature of work performed and job responsibilities.	
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later			
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May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later			
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Immediate Supervisor and Title		Summarize the nature of work performed and job responsibilities.	
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later			
Reason for leaving		Wage Rate / Salary Start \$ _____ Per _____ Final \$ _____ Per _____	

Continued Other Side

## Skills and Qualifications

Summarize any training, skills, licenses and/or certificates that may qualify you as being able to perform job-related functions in the positions for which you are applying.

## Education Background

Name & Location	Number of Years Completed	Did you Graduate?	Course of Study
		<input type="checkbox"/> YES <input type="checkbox"/> NO	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	

## Personal References

Name & Address	Telephone	Number of Years Known
	( )	
	( )	
	( )	

## Work Availability

Days Available:  Monday  Tuesday  Wednesday  Thursday  Friday  Saturday  Sunday

Shifts Available:  Day Shift  Evening Shift  Overnight Shift  Rotating Shifts

Term of Employment:  Short Term Temporary (<30 days)  Long Term Temporary (30 -90 days)  Permanent

## Applicant Statement

I certify that all information I have provided in order to apply for and secure work with the employer is true, complete and correct.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (a) cancel further consideration of this application, or (b) immediately discharge me from the employer's service, whenever it is discovered.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, attached resume, or job interview, I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that the employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law.

I understand that this application is only valid for 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to reapply and submit another application.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice and that the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied, oral or written agreement contrary to the forgoing express language are valid unless they are writing and signed by the employer's president.

I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

By signing I certify that I have read, fully understand and accept all terms in the foregoing Applicant Statement.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_