



R-G JOHNSON COMPANY INC

Application for Employment

25 South College St.
Washington PA 15301
Tel.: 724-222-6810
Fax: 724-222-6815

PERSONAL INFORMATION

DATE: _____

Name: _____
Last First Middle

Address: _____
Street City State Zip

Telephone: () _____ Home Social Security No. _____
() _____ Work Can you be reached at work? _____

General Information

Are you employed now? Yes <input type="checkbox"/> No <input type="checkbox"/>	How were you referred to R.G. Johnson? _____
What is the salary desired? _____	Are you willing and able to travel if your job requires it? Yes <input type="checkbox"/> No <input type="checkbox"/>
On what date would you be available for work? _____	Do you have a valid driver's license? Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you a U.S. citizen, lawful permanent resident or otherwise authorized to work in the U.S. without restriction? Yes <input type="checkbox"/> No <input type="checkbox"/>	License Number: _____
<small>You must provide proof of identity and employment eligibility upon hire.</small>	Have you even been fired or asked to resign? Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you served in the U.S. Armed Forces? Yes <input type="checkbox"/> No <input type="checkbox"/>	Are you at least 18 years old? Do <u>not</u> list your age Yes <input type="checkbox"/> No <input type="checkbox"/>
Branch: _____	Please list any crimes that you have been convicted of, excluding summary traffic offenses. _____ _____ _____
Present member of the National Guard or Reserves? Yes <input type="checkbox"/> No <input type="checkbox"/>	Conviction of a crime is not an automatic bar to employment.
Have you applied with us before? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Date of prior application: _____	

Education

School Name/Location	Years Completed	Graduate/GED		Major Course of Study
		Yes	No	

LIST BELOW YOUR LAST THREE EMPLOYERS - MOST RECENT FIRST

This section must be completed even if you submit a resume.

Present or most recent employer: _____
 Address: _____ Telephone () _____
 Immediate Supervisor (Name & Title): _____
 May we contact this employer? Yes No If "no" why not? _____
 Dates Employed: From: _____ To: _____
 Position or duties performed: _____
 Reason for leaving: _____

Previous employer: _____
 Address: _____ Telephone () _____
 Immediate Supervisor (Name & Title): _____
 May we contact this employer? Yes No If "no" why not? _____
 Dates Employed: From: _____ To: _____
 Position or duties performed: _____
 Reason for leaving: _____

Previous employer: _____
 Address: _____ Telephone () _____
 Immediate Supervisor (Name & Title): _____
 May we contact this employer? Yes No If "no" why not? _____
 Dates Employed: From: _____ To: _____
 Position or duties performed: _____
 Reason for leaving: _____

REFERENCES

GIVE THE NAMES OF THREE PERSON NOT RELATED TO YOU, WHOM YOU HAVE KNOWN ATLEAST 1 YEAR

Name	Phone Number	Address	Occupation/Title

LIST OF CERTIFICATIONS AND QUALIFICATIONS

CERTIFICATE OR QUALIFICATION	NUMBER	STATE ISSUED	EXPIRATION DATE

**PLEASE READ AND ACKNOWLEDGE THE FOLLOWING STATEMENT BY
INITIALING AFTER EACH PARAGRAPH AND SIGNING BELOW**

My signature and initials below indicate that I have read, understand and agree to the following:
(Please initial each paragraph)

- ✓ I have provided true and complete information in this application. Incomplete or false information, whenever discovered, may terminate my employment or consideration for employment. _____
- ✓ I authorize R.G. Johnson Company, Inc. to verify my suitability for employment and the information provided in this application with any person or organization listed in this application. _____
- ✓ In exchange for R.G. Johnson Company, Inc.'s consideration of this application, I release R.G. Johnson Company, Inc. and any persons, employers or organization listed in this application from all claims or liability for providing information or opinions to R.G. Johnson Company, Inc. _____
- ✓ I understand that if I am offered employment at R.G. Johnson Company, Inc., the offer will be conditioned upon passing a complete medical examination. I consent to such a medical examination including all tests believed by R.G. Johnson Company, Inc. to be helpful in evaluation of my suitability for employment. I release all medical information requested by R.G. Johnson Company, Inc. to help determine my capability to do the work for which I am applying. _____
- ✓ I understand that as a condition of employment, I am required to pass a drug screening exam. I consent to pre as well as post employment drug screening. _____
- ✓ Neither this application nor subsequent employment creates a contract or guarantee of employment for any period of time. Employment at R.G. Johnson Company, Inc. continues only as long as both I and R.G. Johnson Company, Inc. desire. Any modification of this arrangement must be in writing signed by the President of R.G. Johnson Company, Inc. _____
- ✓ This application shall remain active for six (6) months from today's date. _____
- ✓ Regardless of my starting work schedule, I understand that I may be asked to work different shifts, weekends, and holidays. A refusal to do such work may result in my dismissal. My position with R.G. Johnson Company, Inc. is my primary job. Schedule conflicts or continued unavailability to work may lead to discipline including termination. _____
- ✓ No representative of R.G. Johnson Company, Inc. has made any representation or promises regarding my employment. _____
- ✓ If employed, I will follow all of R.G. Johnson Company, Inc.'s policies. My failure to do so could result in termination. _____

Date: _____ Signature: _____

**AUTHORIZATION TO PROVIDE INFORMATION
AND RELEASE OF PROVIDERS**

I authorize all my previous employers, educational institutions, or personal references to provide R.G. Johnson Company, Inc. information regarding my personal character, habits, or employment records, including salary history. I hereby release R.G. Johnson Company, Inc. and any and all person or organizations contained by R.G. Johnson Company, Inc. and all claims or causes of action arising out of the release of information to R.G. Johnson Company, Inc. verification of the information I have provided in this application. I authorize R.G. Johnson Company, Inc. to use copies of this Release of Records.

Applicant's Signature

Date