Name:	
Date:	
Position:	
Notes for Office Use:	



A.J. Johns, Inc. Application for Employment

- ✓ Please complete the Application for Employment in its entirety. Without a completed application, you cannot be considered for the next step in the employment process.
 - ✓ Put an answer for every question. If it does not apply, your answer should be "N/A"
 - ALL dates should include a month and year

Mission Statement

It is our mission to maintain the highest standards of integrity, quality, safety, teamwork and productivity while serving our client's site development and underground utility needs. We are committed to the betterment of our clients, employees, stockholders, industry and community.

EMPLOYMENT APPLICATION

	Da	te: Sc	ocial Security No.:	
			Are you 18	
Name:Last	First	Middle	Years or Older?	∐ Yes □ No
Present Address:				
Present Address:Si	treet Address	City	State	Zip
Phone No: ()	Cell No	o: <u>(</u>)	Referred by:	
If related to anyone who w State Name, Department a				
How did you learn of our c	company or this position of	opening?		
Do you have your own tran	nsportation? Yes	□ No		
Do you have a VALID Driv	ver License? ☐ Yes ☐	□ No		
In Case of Emergency, Ple	ease Notify:			
	Name	e Ado	Iress and Telephone Nu	umber
EMPLOYMENT DE				
Position:	Date Y Can St		Salary Desired:	
Are you Employed Now?	□ Yes □ No May	we inquire of your preser	nt employer: Yes	□ No
Ever applied or worked at	A.J. Johns, Inc., before?			
Are there any days, shifts	or hours you will not worl	k?		
If yes, please explain:				
EDUCATION				
LDOCATION	Name and Location			
Grammar School:	of School	Degree/Certificate	Subjects Studied	Grade Average
High School:				
College:				
Trade, Business or				
Correspondence School:				
Other (including graduate school):				

□ No

Have you ever been convicted of, or pled guilty, no contest or *nolo contendere* to a crime? ☐ Yes

Position:

Name:



EMPLOYMENT APPLICATION

If yes, give details (dat	e, place, offense(s), disposition, et	tc.):		
pre-trial intervention pr	narged with a crime and either bee ogram or have any criminal charge e, place, offense(s), disposition, et	es now pending?	□ No	
	LOYMENT: List below seque employer (use additional pages, if Name, City, State and		rs in the last ten (10)	years beginning with your
Month and Year	Phone # of Employer	Job Duties	Salary	Reason for Leaving
From: To:				
From:				
То:				
From:				
То:				
From:				
То:				
May we contact the en	nployer(s) listed above? Yes	□ No		
	f these employers under a differen)	
If yes, which employer	(s) and under what name(s)?			
Please explain any gap	os in your employment history:			
Have you received any	v written reprimands or disciplinary	suspension during any pre	evious employment?	□ Yes □ No
If yes, please explain:				

Have you ever been discharg	ed or asked to resign? Yes No	0	
If yes, please explain (include	by whom, when and for what):		
REFERENCES: Give b	elow the names of three persons not rela	ted to you, whom you have known a	t least one year.
Name	Phone Number	Type of Work	Years Acquainted

EMPLOYMENT APPLICATION

We are an equal opportunity employer, dedicated to non-discrimination in employment on the basis of race, color, age, religion, sex, ethnicity, national origin, handicap, disability, or marital or veteran status.

EMPLOYMENT APPLICATION CERTIFICATION

I hereby certify that all of the facts and information listed on this employment application are true and complete. I understand that any false, incomplete or misleading information given by me on this application is sufficient cause for rejection of this application. I also understand and agree that any such false, incomplete, or misleading information discovered on this application at any time after I am employed may result in my dismissal.

I hereby authorize the Company or independent contractor to investigate all statements contained in this application and to interview the references and previous employers listed in this application. I authorize the references and previous employers listed to give the Company all facts, opinions and evaluations concerning my previous employment and any other information they may have, personal or otherwise, and release all such parties from any liability which may allegedly arise from furnishing such information to the Company, including, but not limited to, any liability for defamation or invasion of privacy.

If I am offered employment, I understand that such an offer will be conditioned upon satisfactory results of a background investigation and/or Company medical examination or inquiry, including a drug screen test. If then employed, I understand that I will be required to serve a ninety (90) day introductory period. I further understand that my employment and compensation can be terminated, with or without cause or notice, at any time, regardless of the successful completion of my probationary period, at the option of either the Company or myself. I understand that no supervisor or other representative of the Company other than the President of the Company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing.

I further understand and voluntarily agree as a condition of employment or my continued employment, that I may be requested by the Company to submit to a urinalysis or other drug screen test and that my failure to take such test(s) when requested to do so or unsatisfactory test results will disqualify me from consideration for employment, or if I am then employed, may result in my immediate dismissal.

I certify that I have read, understand and agree with the above.

Date		Signature of Applicant	
For Office Use Only:			
Date of Hire:/	<u>/</u>	Supervisor:	
Pay Rate:	Position:		
Notes:			