



2842 SE Frontage Rd.
Johnstown, CO 80534

970-667-2069
FAX 970-667-8669

APPLICATION FOR EMPLOYMENT DATE: _____

PERSONAL

Last Name: _____ First: _____ Middle: _____

Home Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ SS# _____ - _____ - _____

Are you at least 16 years of age? Yes: _____ No: _____ Date of birth: _____

Can you submit a birth certificate or other proof of legal right to work in this country? Yes: _____ No: _____

Do you have a valid drivers' license in this state? Yes: _____ No: _____ License #: _____

Are you related to anyone presently working at Johnson's Corner? Yes: _____ No: _____

If yes, Names: _____

Have you worked for Johnson's Corner before? No: _____ Yes: _____ Date: _____

POSITION

Position applied for: _____ Desired pay: _____

What shifts can you work? 1st: 6am-2pm _____ 2nd: 2pm-10pm _____ 3rd: 10pm-6am _____

Are you available to work on a full time basis? Yes: _____ No: _____ If No, number of hours you can work per week: _____

Can you work overtime if asked? Yes: _____ No: _____

EDUCATION

High school name and location: _____

Did you graduate? Yes: _____ No: _____ Receive G.E.D.? _____

Date degree of equivalent received: _____

Other (Trade or Vocational schools, College, Etc.) _____

Special skills or training (Languages, Equipment, Etc.) _____

MILITARY (Complete only if you served in the U.S. Armed Services)

Branch of service: _____ Period of Active Duty: From _____ To: _____

Honorable discharge? Yes: _____ No: _____ If No, what kind of discharge? _____

EXPERIENCE (Last job first)

Company Name: _____ Address: _____

City: _____ State: _____ Zip Code: _____

Dates of employment: From: _____ To: _____

Last position held: _____ Last salary (Mo/Wk): _____

Supervisors name: _____ Supervisors phone #: _____

Eligible for rehire?: Yes: _____ No: _____ Reason if No: _____

Reason for leaving?: _____

Company Name: _____ Address: _____

City: _____ State: _____ Zip Code: _____

Dates of employment: From: _____ To: _____

Last position held: _____ Last salary (Mo/Wk): _____

Supervisors name: _____ Supervisors phone #: _____

Eligible for rehire?: Yes: _____ No: _____ Reason if No: _____

Reason for leaving?: _____

Company Name: _____ Address: _____

City: _____ State: _____ Zip Code: _____

Dates of employment: From: _____ To: _____

Last position held: _____ Last salary (Mo/Wk): _____

Supervisors name: _____ Supervisors phone #: _____

Eligible for rehire?: Yes: _____ No: _____ Reason if No: _____

Reason for leaving?: _____

REFERENCES

1. Name: _____ Phone #: _____

Occupation: _____

Address: _____

City: _____ State: _____ Zip Code: _____

2. Name: _____ Phone #: _____

Occupation: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Have you been fired, discharged, or asked to resign from any job within the last 5 years? Yes: _____ No: _____

If Yes, state reason: _____

Have you ever been convicted of a crime within the last 5 years? Yes: _____ No: _____ If Yes, give details. (A conviction record will not necessarily bar you from employment) _____

STATEMENT

If employed, I agree to comply with Johnson's Corner's work policies. I agree to provide documents stating my eligibility to work in the United States as required by the Immigration Reform and Employment Act. I certify that this application was completed by me and that all information is complete and true to the best of my knowledge. I agree that any misrepresentation by me on the application will be sufficient cause for termination from Johnson's Corners, Inc. if employed. I understand that Johnson's Corners Inc. uses E-Verify to check the legal status of my right to work in this country.

Your Signature: _____

Date: _____