



GLENN JOHNSTON, INC.

GENERAL CONTRACTOR

APPLICATION FOR EMPLOYMENT

PLEASE READ THE FOLLOWING AND ADDRESS ANY QUESTIONS TO THE HUMAN RESOURCES DEPARTMENT REPRESENTATIVE BEFORE COMPLETING THIS APPLICATION.

- ◆ I understand that if employed, false statements, significant omissions or misleading information, regardless of when discovered, in connection with my application may result in dismissal.
- ◆ I authorize verification of all statements contained in this application, any resume or any other accompanying documents.
- ◆ I understand that should an offer of employment be made, I will be asked to undergo a medical exam and drug testing. Adverse findings from the medical exam or drug testing may result in withdraw of the offer of employment.
- ◆ I understand that should an offer of employment be made, my driver information record will be reviewed. Based the information obtained from these reports, the offer of employment may be withdrawn.
- ◆ I understand that my prior employers may be contacted for the purpose of investigating my background as required by 49CFR 391-23.

SIGNATURE

DATE

CANDIDATE INFORMATION

Please print legibly.

LAST NAME		FIRST NAME		MI
STREET ADDRESS				
CITY			STATE	ZIP
HOME PHONE	CELL PHONE	EMAIL ADDRESS		
POSITION APPLIED FOR			DESIRED PAY	
ARE YOU APPLYING FOR FULL-TIME OR PART-TIME EMPLOYMENT?				<input type="checkbox"/> FULL <input type="checkbox"/> PART
WHEN ARE YOU AVAILABLE TO START WORK?				
ARE YOU ELIGIBLE FOR LEGAL EMPLOYMENT IN THE UNITED STATES?				<input type="checkbox"/> YES <input type="checkbox"/> NO
WILL YOU WORK OVERTIME IF ASKED?				<input type="checkbox"/> YES <input type="checkbox"/> NO
ARE YOU WILLING TO TRAVEL?				<input type="checkbox"/> YES <input type="checkbox"/> NO
PLEASE LIST SPECIAL TRAINING, SKILLS OR EXPERIENCE, ESPECIALLY THOSE RELATED TO THE POSITION TO WHICH YOU ARE APPLYING.				

EMPLOYMENT EXPERIENCE (List most recent position first)

EMPLOYER'S NAME			
STREET ADDRESS			
CITY		STATE	ZIP
CONTACT PERSON		PHONE NUMBER	
POSITION		EMPLOYMENT DATES	
		FROM	TO
DUTIES	PAY RATE	REASON FOR LEAVING	
MAY WE CONTACT THIS EMPLOYER?			<input type="checkbox"/> YES <input type="checkbox"/> NO

EMPLOYER'S NAME			
STREET ADDRESS			
CITY		STATE	ZIP
CONTACT PERSON		PHONE NUMBER	
POSITION		EMPLOYMENT DATES	
		FROM	TO
DUTIES	PAY RATE	REASON FOR LEAVING	
MAY WE CONTACT THIS EMPLOYER?			<input type="checkbox"/> YES <input type="checkbox"/> NO

EMPLOYER'S NAME			
STREET ADDRESS			
CITY		STATE	ZIP
CONTACT PERSON		PHONE NUMBER	
POSITION		EMPLOYMENT DATES	
		FROM	TO
DUTIES	PAY RATE	REASON FOR LEAVING	
MAY WE CONTACT THIS EMPLOYER?			<input type="checkbox"/> YES <input type="checkbox"/> NO

PERSONAL/PROFESSIONAL LICENSES, CERTIFICATES OR PERMITS HELD

DO YOU HAVE A VALID DRIVER'S LICENSE? <input type="checkbox"/> YES <input type="checkbox"/> NO			
IF YES, IS IT A COMMERCIAL DRIVER'S LICENSE (CDL)? <input type="checkbox"/> YES <input type="checkbox"/> NO			
HAVE YOU HAD ANY ACCIDENTS OR VIOLATIONS OF MOTOR VEHICLE LAWS OR ORDINANCES IN THE PAST THREE YEARS? <input type="checkbox"/> YES <input type="checkbox"/> NO			
IF YES, PLEASE EXPLAIN.			
OTHER LICENSE, PERMIT ETC.	ISSUING AGENCY	NUMBER	EXPIRATION DATE
OTHER LICENSE, PERMIT ETC.	ISSUING AGENCY	NUMBER	EXPIRATION DATE
OTHER LICENSE, PERMIT ETC.	ISSUING AGENCY	NUMBER	EXPIRATION DATE

EDUCATION

WHICH SCHOOLS HAVE YOU ATTENDED?	
<input type="checkbox"/> HIGH SCHOOL <input type="checkbox"/> COLLEGE <input type="checkbox"/> TRADE SCHOOL <input type="checkbox"/> GRADUATE SCHOOL	
NAME OF SCHOOL ATTENDED MOST RECENTLY	
CITY	STATE
COURSE OF STUDY	GRADUATE? <input type="checkbox"/> YES <input type="checkbox"/> NO

PERSONAL REFERENCES

NAME	PHONE NUMBER
OCCUPATION	NUMBER OF YEARS KNOWN
NAME	PHONE NUMBER
OCCUPATION	NUMBER OF YEARS KNOWN
NAME	PHONE NUMBER
OCCUPATION	NUMBER OF YEARS KNOWN
PLEASE LIST ANY FAMILY OR FRIENDS WHO CURRENTLY WORK FOR GLENN JOHNSTON, INC. OR ITS AFFILIATES.	