



## B&R Electrical Contractors

4331 Fox Run Road  
P.O. Box 98  
Dover, PA 17315  
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### Employment Application

Equal Employment Opportunity Employer  
This application is valid for 30 days.

|                                     |                        |                      |
|-------------------------------------|------------------------|----------------------|
| POSITION FOR WHICH YOU ARE APPLYING |                        | RATE OF PAY EXPECTED |
| NAME (LAST, FIRST, MI)              | SOCIAL SECURITY NUMBER | EMAIL ADDRESS        |
| MAILING ADDRESS                     | CITY, STATE, ZIP       | TELEPHONE NUMBER(S)  |

**SPECIAL QUESTIONS:** (Do not answer **any** of the questions in this section unless the employer **has checked a box preceding** a question, thereby indicating that the information is required for a bona fide occupational qualification, or dictated by national security laws, or is needed for other legally permissible reasons.)

Height \_\_\_\_ feet \_\_\_\_ inches

Are you prevented from lawfully becoming employed in the U.S.? ☐ No ☐ Yes

Weight \_\_\_\_ lbs

Date of Birth\* \_\_\_\_\_

What Foreign Languages do you speak fluently? \_\_\_\_\_ Read \_\_\_\_\_ Write \_\_\_\_\_

Have you been convicted of a felony or misdemeanor within the last 5 years? \*\* ☐ No ☐ Yes

Describe: \_\_\_\_\_

\*The Age Discrimination in Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 but less than 70 years of age.

\*\*You will not be denied employment solely because of a conviction record, unless the offense is related to the job for which you have applied.

**EDUCATION:** (check box of highest grade or degree completed)

☐ 9 ☐ 10 ☐ 11 ☐ 12 ☐ High School Equivalency: ☐ GED College: ☐ AA ☐ BS/BA ☐ MS/MA ☐ Doctorate

**Colleges, Universities, business or Trade Schools you attended which apply to the position – list earned degrees only**

| NAME & ADDRESS | FROM (MO/YR) | TO (MO/YR) | MAJOR SUBJECT | DEGREE |
|----------------|--------------|------------|---------------|--------|
|                |              |            |               |        |
|                |              |            |               |        |
|                |              |            |               |        |

LIST ANY RELEVANT PROFESSIONAL LICENSE, CERTIFICATE, TRAINING OR CLASSES:

COMPUTER SOFTWARE USED:

LIST ANY EXPERIENCE YOU'VE HAD WHICH APPLIES TO THIS POSITION:

**OTHER INFORMATION:**

1. Have you ever been employed by Johnston Construction Company? ☐ No ☐ Yes Project Name \_\_\_\_\_  
Dates: \_\_\_\_\_ to \_\_\_\_\_
2. Are you related to a Johnston Construction Company employee? ☐ No ☐ Yes Name \_\_\_\_\_  
Relationship \_\_\_\_\_
3. How were you referred to Johnston Construction Company? ☐ Website ☐ Newspaper ☐ Personal Referral
4. Are you 18 years of age or older? ☐ No ☐ Yes
5. Can you, after an employment offer, submit verification of your legal right to work in the United States? ☐ No ☐ Yes
6. Do you have a valid Driver's License and use of a vehicle? ☐ No ☐ Yes State \_\_\_\_\_ Number \_\_\_\_\_  
Class \_\_\_\_\_ Expires \_\_\_\_\_
7. Have you ever been convicted of, or pled guilty or no contest to, a crime other than a minor traffic violation? ☐ No ☐ Yes If yes, please explain in detail on a separate piece of paper and include the date of final disposition of the case and the nature of the offense. This information will not necessarily disqualify you from employment but false or misleading information will. Factors such as age and time of the offense, seriousness and nature of the violation, and rehabilitation will be taken into account.
8. Will you be able to perform the essential duties of this job without accommodation? ☐ No ☐ Yes
9. Do you have any physical defects which prevent you from performing certain kinds of work? ☐ No ☐ Yes If yes, give details: \_\_\_\_\_
10. Would you travel in Pennsylvania and surrounding states if expenses are paid? ☐ No ☐ Yes If yes, give details: \_\_\_\_\_
11. If you have been referred by a Johnston Construction Company employee, please list name: \_\_\_\_\_

**EXPERIENCE:** Starting with your present or most recent position, work backwards and list all positions you have held in the last 10 years.

List any

volunteer, part-time or military positions if applicable. It is critical that you provide complete information.

|                                 |            |                |               |                          |  |                    |  |
|---------------------------------|------------|----------------|---------------|--------------------------|--|--------------------|--|
| 1. MOST RECENT/CURRENT EMPLOYER |            |                |               | ADDRESS                  |  | YOUR POSITION      |  |
| DESCRIPTION OF DUTIES:          |            |                |               |                          |  |                    |  |
| FROM (MO/YR)                    | TO (MO/YR) | HOURS PER WEEK | HOURLY SALARY | NO. EMPLOYEES SUPERVISED |  | REASON FOR LEAVING |  |
| SUPERVISOR'S NAME               |            |                |               | TITLE                    |  | TELEPHONE NUMBER   |  |

|                        |            |                |               |                          |  |                    |  |
|------------------------|------------|----------------|---------------|--------------------------|--|--------------------|--|
| 2. EMPLOYER            |            |                |               | ADDRESS                  |  | YOUR POSITION      |  |
| DESCRIPTION OF DUTIES: |            |                |               |                          |  |                    |  |
| FROM (MO/YR)           | TO (MO/YR) | HOURS PER WEEK | HOURLY SALARY | NO. EMPLOYEES SUPERVISED |  | REASON FOR LEAVING |  |
| SUPERVISOR'S NAME      |            |                |               | TITLE                    |  | TELEPHONE NUMBER   |  |

|             |  |  |  |         |  |               |  |
|-------------|--|--|--|---------|--|---------------|--|
| 3. EMPLOYER |  |  |  | ADDRESS |  | YOUR POSITION |  |
|-------------|--|--|--|---------|--|---------------|--|

|                        |            |                |               |                          |                    |
|------------------------|------------|----------------|---------------|--------------------------|--------------------|
|                        |            |                |               |                          |                    |
| DESCRIPTION OF DUTIES: |            |                |               |                          |                    |
| FROM (MO/YR)           | TO (MO/YR) | HOURS PER WEEK | HOURLY SALARY | NO. EMPLOYEES SUPERVISED | REASON FOR LEAVING |
| SUPERVISOR'S NAME      |            |                | TITLE         |                          | TELEPHONE NUMBER   |

|                        |            |                |               |                          |                    |
|------------------------|------------|----------------|---------------|--------------------------|--------------------|
| 4. EMPLOYER            |            |                | ADDRESS       |                          | YOUR POSITION      |
| DESCRIPTION OF DUTIES: |            |                |               |                          |                    |
| FROM (MO/YR)           | TO (MO/YR) | HOURS PER WEEK | HOURLY SALARY | NO. EMPLOYEES SUPERVISED | REASON FOR LEAVING |
| SUPERVISOR'S NAME      |            |                | TITLE         |                          | TELEPHONE NUMBER   |

**MILITARY:**

|                                 |        |     |
|---------------------------------|--------|-----|
| BRANCH OF SERVICE               | FROM : | TO: |
| RANK/TYPE OF SERVICE            |        |     |
| JOB-RELATED TRAINING/EXPERIENCE |        |     |

**REFERENCES:** List three professional/personal references. Do not list relatives or supervisors already named in the "Experience" section.

| NAME / TITLE | ORGANIZATION NAME AND ADDRESS | TELEPHONE |
|--------------|-------------------------------|-----------|
|              |                               |           |
|              |                               |           |
|              |                               |           |

**IMPORTANT – READ CAREFULLY BEFORE SIGNING:** The facts set forth above in my application are true and complete. I understand that if employed, false statements on this application shall be considered sufficient cause for dismissal. I authorize the companies, schools, or persons named above to give any information they may have regarding me whether or not it is in their records. I hereby release said companies, schools, or persons from all liability for any damage for issuing this information. I also authorize Johnston Construction Company to investigate any record through police files. I will submit to a medical examination and drug test (at employer expense) the results of which are required prior to employment. All offers of employment are contingent upon satisfactory medical examination and references. I understand that if I am employed, I will be an employee at will. This means that either the employer or the employee may terminate the employment relationship with or without cause at any time.

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**AFFIRMATIVE ACTION PLAN – VOLUNTARY INFORMATION:**

THIS PLAN AND LEGAL RESPONSIBILITIES TO EQUAL EMPLOYMENT OPPORTUNITY REQUIRE PERIODIC REPORTS. THIS IS NOT A WAY TO EVALUATE YOUR QUALIFICATIONS FOR EMPLOYMENT. PLEASE CHECK THE APPLICABLE CATEGORIES IN A AND B BELOW:

|                        |                                                               |                        |
|------------------------|---------------------------------------------------------------|------------------------|
| NAME (LAST, FIRST, MI) |                                                               | SOCIAL SECURITY NUMBER |
| DATE:                  | <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE |                        |

A:      ☐ AMERICAN INDIAN OR ALASKAN NATIVE

☐ ASIAN OR PACIFIC ISLANDER

☐ BLACK (NOT OF HISPANIC ORIGIN)

☐ HISPANIC

☐ WHITE

B:      ☐ DISABLED VETERAN

☐ VIETNAM-ERA VETERAN

☐ NON-VIETNAM-ERA VETERAN

☐ HANDICAPPED

Signature: \_\_\_\_\_

JOHNSTON CONSTRUCTION COMPANY, IN COMPLIANCE WITH FEDERAL AND STATE LAWS, IS COMMITTED TO THE POLICY THAT ALL PERSONS SHALL HAVE EQUAL ACCESS TO PROGRAMS AND EMPLOYMENT WITHOUT REGARD TO RACE, RELIGION, SEX, NATIONAL ORIGIN, HANDICAP, AGE OR STATUS AS A VETERAN. DIRECT ALL AFFIRMATIVE ACTION INQUIRES TO THE AFFIRMATIVE ACTION OFFICER.

THIS SIDE IS FOR COMPANY USE ONLY.

|                         |
|-------------------------|
| <b>DATE:</b>            |
| <b>INTERVIEW NOTES:</b> |

**REFERENCE CHECKS:**

|                    |                |             |
|--------------------|----------------|-------------|
| <b>1. EMPLOYER</b> | <b>CONTACT</b> | <b>DATE</b> |
| <b>REMARKS:</b>    |                |             |

|                    |                |             |
|--------------------|----------------|-------------|
| <b>2. EMPLOYER</b> | <b>CONTACT</b> | <b>DATE</b> |
| <b>REMARKS:</b>    |                |             |

|                    |                |             |
|--------------------|----------------|-------------|
| <b>3. EMPLOYER</b> | <b>CONTACT</b> | <b>DATE</b> |
| <b>REMARKS:</b>    |                |             |

|                              |                     |                                                                              |
|------------------------------|---------------------|------------------------------------------------------------------------------|
| <b>IF HIRED, START DATE:</b> | <b>RATE OF PAY:</b> | <b>TEMPORARY</b><br><input type="checkbox"/> No <input type="checkbox"/> Yes |
| <b>SPECIAL CONDITIONS:</b>   |                     |                                                                              |

**IF NOT HIRED, REASON:**

- ☐ NOT QUALIFIED      ☐ NO POSITION AVAILABLE      ☐ MORE QUALIFIED PERSON HIRED
- ☐ ASKING FOR TOO MUCH MONEY      ☐ ASKING FOR HIGHER LEVEL JOB      ☐ NOT WILLING TO TRAVEL
- ☐ NO TRANSPORTATION      ☐ OTHER:

COMPANY OFFICIAL: \_\_\_\_\_

DATE: \_\_\_\_\_