



Johnston Construction Company

4331 Fox Run Road

P.O. Box 98

Dover, PA 17315

Phone (717) 292-3606 Fax (717) 292-7569

Email: humanresources@jcc-ri.com

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	
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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:	☐ MALE ☐ 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.

DATE:
INTERVIEW NOTES:

REFERENCE CHECKS:

1. EMPLOYER	CONTACT	DATE
REMARKS:		

2. EMPLOYER	CONTACT	DATE
REMARKS:		

3. EMPLOYER	CONTACT	DATE
REMARKS:		

IF HIRED, START DATE:	RATE OF PAY:	TEMPORARY ☐ No ☐ Yes
SPECIAL CONDITIONS:		

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: _____