

Johnson Litho Graphics

of Eau Claire, Ltd.

APPLICATION FOR EMPLOYMENT

(PRE-EMPLOYMENT QUESTIONNAIRE) (AN EQUAL OPPORTUNITY EMPLOYER)

PERSONAL INFORMATION

Date _____

Name _____ Social Security Number _____
Last First Middle

Present Address _____
Street City State Zip

Permanent Address _____
Street City State Zip

Phone No. _____ Are You 18 Years Or Older? Yes No

Are You Legally Authorized To Work In The United States? Yes No

LAST

FIRST

EMPLOYMENT DESIRED

Position _____ Date You Can Start _____ Salary Desired _____

Are You Employed Now? _____ If So, May We Inquire Of Your Present Employer? _____

Ever Applied To This Company Before? _____ Where? _____ When? _____

Have You Any Relatives Or Friends In Our Employ? Yes No Relationship _____
 Name _____

MIDDLE

EDUCATION	Name and Location of School	*No. of Years Attended	*Did You Graduate?	Subjects Studied
Grammar School				
High School				
College				
Trade, Business or Correspondence School				

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

High School or College Accomplishments:

Scholastic Average in All Courses _____ Scholastic Average in Major Course _____ Rank in Class _____

What are your machine skills? _____ What are your office skills? _____

What other special skills do you have? _____

Method of Transportation to Work _____

Willing to Work Nights? _____ If Not, Why Not? _____

GENERAL

Have you ever supervised employees? If so, give details: _____

Subjects Of Special Study Or Research Work _____

U.S. Military Or Naval Service _____ Rank _____

FORMER EMPLOYERS (List Below Last Five Employers, Starting With Last One First.)

Date Month and Year	Name and Address of Employer	Salary	Position	Reason For Leaving
From				
To				
From				
To				
From				
To				
From				
To				
From				
To				

REFERENCES Give The Names Of Two Persons Not Related To You Whom You Have Known At Least One Year

Name	Address	Business	Years Acquainted
1			
2			
3			

In Case Of Emergency Notify _____
Name Address Phone No.

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you.

I understand and agree that I may be required to take a physical examination or controlled substance test, as a condition of hiring or continued employment. I agree to consent to take such test(s) at such time as designated by the Company and to release the Company, its directors, officers, agents or employees from any claim arising in connection with the use of such test(s).

I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without prior notice."

Date _____ Signature _____

DO NOT WRITE BELOW THIS LINE

S _____

Interviewed By _____ Date _____

Hired: Yes No Position _____ Date Reporting To Work _____

Affirmative Action Survey

Applicants are considered for all positions, and employees are treated during employment without regard to race, color or creed, religion, sex, marital status, national origin, ancestry, age, handicap, status as a disabled or Vietnam-era veteran, status with regard to public assistance, or affectional preference.

As an employer/government contractor, we comply with government regulations and affirmative action responsibilities.

To assist with government record keeping, reporting and other legal requirements, please fill out the Affirmative Action Survey.

Providing this information is voluntary and refusal to provide information will not have negative effect on your status as an applicant.

Please Print _____ Date Applied _____

Name _____ Phone () _____

Last First Middle

Address _____

Number Street City State Zip Code

Position(s) Applied For:

Referral Source:

- | | | |
|---|--|--------------------------------------|
| <input type="checkbox"/> Employment Agency Referral | <input type="checkbox"/> Job Service | <input type="checkbox"/> Walk In |
| <input type="checkbox"/> Employee Referral | <input type="checkbox"/> Newspaper Ad | <input type="checkbox"/> Rehire |
| <input type="checkbox"/> Community Agency Referral | <input type="checkbox"/> College Relations | <input type="checkbox"/> Other _____ |

Check one: Male Female

Check one of the following:

- Race/Ethnic Group: White Black Hispanic
- American Indian/Alaskan Native Asian/Pacific Islander

Check if any of the following are applicable:

- Vietnam Era Veteran Disabled Veteran Handicapped Individual