



# Application for Employment

All questions must be filled out accurately and completely. If you have a resume, please attach it to this application. PLEASE PRINT.

PERSONAL DATA					
Full Name:		_____		Phone: (____) _____	
	<i>Last</i>	<i>First</i>	<i>M.I.</i>		
Address: _____					
	<i>Street Address</i>			<i>Apartment/Unit #</i>	
	<i>City</i>		<i>State</i>	<i>ZIP Code</i>	
Position Desired: _____			Salary Desired: \$ _____		
Check Type of Employment Desired: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temp					
Check Days Available: <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday					
Hours Available: _____				Willing To Work Overtime: <input type="checkbox"/> YES <input type="checkbox"/> NO	
Geographic Preference: _____					
Are you legally able to work in the United States?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Are you over the age of 18?	
Are you able to perform any or all job functions with or without reasonable accommodation?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Have you ever used illegal drugs?	
Have you used illegal drugs in the last 6 months?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Have you ever been convicted of a felony?	
Have you ever been a previous employee?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, describe conditions: _____	
Are you a previous applicant?		YES <input type="checkbox"/>	NO <input type="checkbox"/>		

*(Conviction will not necessarily disqualify an applicant for employment)*

WORK HISTORY					
Business Name			Business Type		
Address				Phone	
From	To	Rate of Pay _____	Reason for Leaving		
		Circle: Hourly, Weekly, or Annually			
Job Title		Responsibilities			
Supervisor & Title		May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Business Name			Business Type		
Address				Phone	
From	To	Rate of Pay _____	Reason for Leaving		
		Circle: Hourly, Weekly, or Annually			
Job Title		Responsibilities			
Supervisor & Title		May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Business Name			Business Type		
Address				Phone	
From	To	Rate of Pay _____	Reason for Leaving		
		Circle: Hourly, Weekly, or Annually			
Job Title		Responsibilities			
Supervisor & Title		May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>

**WORK HISTORY (CONTINUED)**

Business Name		Business Type	
Address			Phone
From	To	Rate of Pay _____ Circle: Hourly, Weekly, or Annually	Reason for Leaving
Job Title		Responsibilities	
Supervisor & Title		May we contact your previous supervisor for a reference?	YES <input type="checkbox"/> NO <input type="checkbox"/>

Business Name		Business Type	
Address			Phone
From	To	Rate of Pay _____ Circle: Hourly, Weekly, or Annually	Reason for Leaving
Job Title		Responsibilities	
Supervisor & Title		May we contact your previous supervisor for a reference?	YES <input type="checkbox"/> NO <input type="checkbox"/>

**EDUCATION AND TRAINING**

High School	Name	Location	Diploma YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Technical College	Name	Location	Diploma YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
College/University	Name	Location	Diploma YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Other	Name	Location	Diploma YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree

**REFERENCES**

Please list three professional references.

Name	Relationship	Phone
Company		Address
Name	Relationship	Phone
Company		Address
Name	Relationship	Phone
Company		Address

**DISCLAIMER AND SIGNATURE**

I certify that my answers are true and complete to the best of my knowledge. I authorize my former employers to furnish all information pertaining to my work record. I hereby release my former employers from all liability on account of furnishing such information. I understand that if employed, omissions or false or misleading information in my application or interview, regardless of the time they are discovered, shall be considered sufficient cause for dismissal. I also agree that my employer shall not be held liable in any respect if my employment is terminated because of such omissions or false or misleading information. Johnson & Johnson, Inc. is hereby authorized to investigate my employment history, including contacting employers listed and to verify my education and training.

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

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

**NOTICE  
DRUG-FREE WORKPLACE**

IF YOU USE DRUGS, DO NOT APPLY.  
WE TEST ALL APPLICANTS FOR DRUGS PRIOR TO HIRE.  
ALL OF OUR EMPLOYEES ARE SUBJECT TO PERIODIC DRUG AND ALCOHOL TESTING.