

Application for Employment

(Pre-Employment Questionnaire) (An Equal Opportunity Employer)

Date _____

Personal Information

Name: _____ Social Security Number: _____
Last First Middle

Present Address: _____
Street City State Zip

Permanent Address: _____
Street City State Zip

Are you 18 years or older? YES NO Phone #: _____ Apartment #: _____

ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED IN THIS COUNTRY BECAUSE OF VISA OR IMMIGRATION STATUS: YES NO

Employment Desired

Position: _____ Date You Can Start: _____ Salary Desired: _____
If So May We Inquire Of Your Present Employer?

Are You Employed Now? _____
Ever Worked For This Company Before? _____ Where? _____ When? _____

If so, what was your reason for leaving: _____

Name of last supervisor at this company: _____

How did you hear about WW Johnson meat co.: _____

Education

School Level	Name and Location of School	# of years attended	Did you graduate?	Subjects studied
Grammar School				
High School				
College				
Trade Business or Correspondence School				

General

Subjects of Special Study or Research Work:

Special Training:

Special Skills:

Former Employers (list below your last three employers, starting with the last one first)

Name of Present or Last Employer:

Address of Present or Last Employer:

Street

City State Zip

Starting Date: _____ Leaving date: _____
Month Year Month Year

Weekly Starting Salary: _____ Weekly Final Salary: _____

Job Title: _____ May We Contact Your Supervisor?

Name and Title of Supervisor: _____ Phone#

Description of Work:

Reason For Leaving:

Name of Present or Last Employer:

Address of Present or Last Employer:

Street

City State Zip

Starting Date: _____ Leaving Date: _____
Month Year Month Year

Weekly Starting Salary: _____ Weekly Final Salary: _____

Job Title: _____ May We Contact Your Supervisor?

Name and Title of Supervisor: _____ Phone#

Description of Work:

Reason for Leaving:

Name of Present or Last Employer: _____

Address of Present or Last Employer: _____

Street

City

State

Zip

Starting Date: _____ Leaving Date: _____

Month

Year

Month

Year

Weekly Starting Salary: _____ Weekly Final Salary: _____

Job Title: _____ May We Contact Your Supervisor? _____

Name and Title of Supervisor: _____ Phone# _____

Description of Work: _____

Reason for Leaving: _____

References: three people not related to you, whom you have known at least 1 yr.

Name	Address	Business	Years Acquainted
1.			
2.			
3.			

Service Record

Branch of Service: _____ Discharge Date & Rank: _____

Present Membership in National Guard or Reserves: _____ Date Obligation Ends: _____

Special Questions

*Job Function 1: Can You Lift 40 Pounds Throughout The Day YES NO

If function can be performed with an accommodation explain how you would perform the task and with what accommodation? _____

*Job function 2: can you lift up to 60 pounds occasionally: YES NO

If function can be performed with an accommodation explain how you would perform the task and with what accommodation? _____

*Have You Ever Been Seriously Injured? YES NO

If Yes, Please Give Details:

*What Foreign Languages Do You Speak Fluently?

Read? Write?

*Have You Been Convicted of a Felony or Misdemeanor Within The Last 5 Years?

YES NO

Please Describe:

I understand that I may be required to take one or more Physical examinations Lie detector test(s) 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)

Yes No

Authorization

“ I certify that all the information submitted by me on this application is true and complete, and I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected and, if I am employed, my employment may be terminated at any time.

In consideration of my employment, I agree to conform to the company’s rules and regulations, and I agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at either my or the company’s option. I also understand and agree that the terms and condition of my employment may be changed, with or without cause and with or without notice at any time by the company. I understand that no company representative , other than its president, and then only when in writing and signed by the president, has any authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing”

Date Signature

* Attaching a resume is always appreciated. When you have completed filling out this application please mail to:

Human Relations
WW Johnson Meat Co.
2001 East 24th street
Minneapolis, mn 55410