

Copies to:	Master Job File
	Employee File, If Hired

EMPLOYMENT APPLICATION

Page 1 of 3

Todays Date _		

Johnson Oil & LP Company | 3685 US-218 | Osage, lowa 50461

APPLICANT NOTE: This Employment Application is intended for use in evaluating your qualifications for employment. It is not an employment contract. Please answer all questions completely and to the best of your ability. False or misleading statements are grounds for refusal or termination of employment and benefits. It is the policy of this company as an Equal Opportunity Employer to ensure that there shall be no discrimination against any employee or applicant for employment on the basis of age, race, color, creed, marital status, religion, sex, national origin, disability or veteran status, genetic information or any other status protected by law.

Complete All Questions - Please Print Carefully.

Answers to all Questions are for Office Use and Strictly Confidential

May We Contact Your Current Employer For Verification? \square Yes \square No \square N/A

PERSONAL DATA					
Name	First Name	Middle Name	Social Secur	ity Number	
List Any Other Names Used In Past 7 Year	'S				
Email Address			Can We Cont	act You With This Address: 🗌 Yes	□ No
Home Address	City		State	Zip	
Home Phone _()_	Daytime Phone _	()			
Years At Current Address	If Less Than 7 Yea	ars, Please List All Other	Cities And States I	n Which You Lived During The Past 7 \	Years:
Are You 21 Years Of Age Or Older? ☐ Ye Have You Ever Applied Here Previously?					t.
Have You Ever Been Employed By Johnso					
Starting Date/ /	Ending Date	/ /	Position(s) H	leld	
Reason for Leaving					
Do You Have Any Relatives Presently Emp	loyed Here? ☐ Yes ☐ No I	f Yes, Complete Informat	tion Below.		
Name	Relation	Job Ti	tle	Location	
POSITION					
Position Desired					
Salary Expected _\$		Per Month	Work Availability	☐ Part Time ☐ Full Time ☐ Shift	. Work
What Date Are You Available?					

EMPLOYMENT HIST	TORY					
PRESENT or LAST EMPLOYER May We Contact For A Reference? Yes No Are You Eligible For Rehire? Yes No	Employed From - To Company Address _ Type of Business _ Supervisors Name	o (Month / Year)		-	Position / Title Finding Salary City, State, ZIP Company Phone _() Supervisors Title Reason for Leaving	
2ND PREVIOUS EMPLOYER May We Contact For A Reference? Yes No Are You Eligible For Rehire? Yes No	Employed From - To Company Address Type of Business Supervisors Name	o (Month / Year)		-	Position / Title Ending Salary City, State, ZIP Company Phone _() Supervisors Title Reason for Leaving	
3RD PREVIOUS EMPLOYER May We Contact For A Reference? ☐ Yes ☐ No Are You Eligible For Rehire? ☐ Yes ☐ No	Employed From - To Company Address Type of Business Supervisors Name	o (Month / Year)		-	Position / Title Ending Salary City, State, ZIP Company Phone _() Supervisors Title Reason for Leaving	
ATH PREVIOUS EMPLOYER May We Contact For A Reference? ☐ Yes ☐ No Are You Eligible For Rehire? ☐ Yes ☐ No	Employed From - To Company Address Type of Business Supervisors Name	o (Month / Year)		-	Position / Title Position / Title Ending Salary City, State, ZIP Company Phone _() Supervisors Title Reason for Leaving	
Date Entered/	′ /	Final Base, City & Sta	te Where /	Assigned	Needed For Verification.) Rank and Position at Discharge Supervisor Phone _(

Occupation Occupation CERTIFICATION I certify that I have read and understood all of this employment application information of concern to my employment history, whether same is a such information. I understand that, as an applicant for a position we understand that if offered a job, it may be conditioned on the results. I further certify that I am a genuine applicant for employment and the furnish such additional information and complete such examinations may result in my rejection or dismissal. If hired, I agree to abide by a	is application is being submitted solely for the purpose of seeking employm s as may be required to complete my employment file. I also understand tha	vestigate my background to ascertain any and all rom all liability for any damages on account of furnishing arming tasks which are pertinent to the job. I also the with the employer and for no other reason. I agree to at misrepresentations or omission of information of facts
Occupation Occupation Occupation CERTIFICATION I certify that I have read and understood all of this employment applinformation of concern to my employment history, whether same is a such information. I understand that, as an applicant for a position we understand that if offered a job, it may be conditioned on the results. I further certify that I am a genuine applicant for employment and the furnish such additional information and complete such examinations.	City Phone (Preferably Day Time)() ication. It is agreed and understood that the employer or his agents may involved frecord or not, and I release employers and other persons named herein from this company, I may be asked to demonstrate that I am capable of performs of a physical examination and drug test. It is application is being submitted solely for the purpose of seeking employment is as may be required to complete my employment file. I also understand that	vestigate my background to ascertain any and all rom all liability for any damages on account of furnishing transming tasks which are pertinent to the job. I also the with the employer and for no other reason. I agree to
Occupation Occupation Occupation CERTIFICATION I certify that I have read and understood all of this employment applinformation of concern to my employment history, whether same is a such information. I understand that, as an applicant for a position we	City City Phone (Preferably Day Time)() ication. It is agreed and understood that the employer or his agents may involved frecord or not, and I release employers and other persons named herein from this company, I may be asked to demonstrate that I am capable of performance.	State vestigate my background to ascertain any and all rom all liability for any damages on account of furnishing
Occupation 3 Name Occupation CERTIFICATION	City Phone (Preferably Day Time) _()	State
Occupation	City	State
Occupation	City	State
Occupation		
	Phone (Preferably Day Time)()	
2 Name		
	City	State
Occupation	Phone (Preferably Day Time) _()	
1 Name	City	State
PROFESSIONAL REFERENCES (List Individuals Famili	ar With Your Work; Do Not Include Relatives.)	
List Additional Relevant Skills Or Abilities		
Languages In Which You Are Fluent Other Than English	n	
FIGURESSIONAL LICENSES, REGISTRATIONS OF CERTIFICATIONS (Currently Held. List, Including State Of Issuance And Expiration	וו טמוע
Purfoccional Licenses Decistrations On Contifications (Disserting Linds Linds In advantage Office of Language August Consistent	no Dete
ADDITIONAL QUALIFICATIONS		
	Major & Minor Fields of Study	
	Degree Recieved	
	Major & Minor Fields of Study	
Datas of Attandance		
College		
Received Under Different Name if Applicable College	Major & Minor Fields of Study	
Received Under Different Name if Applicable		