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Personal Application

Applicant Information

Full Name: _____
 Last First M.I. Social Security #: _____
 Address: _____
 Street Address Apartment/Unit # _____
 City State ZIP Code _____
 Phone: _____ Email _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for this company? YES NO If yes, when? _____

Have you ever been convicted of a felony? YES NO

If yes, explain: _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Employment Information

Position Applied for: _____

Desired Salary: \$ _____

Date You Can Begin Work: _____

Full-time:

YES

NO

Part-time:

YES

NO

Can You Work Weekends

YES

NO

Part-time:

YES

NO

Shift work

YES

NO

Temporary

YES

NO

Please answer the following questions. When necessary, note question number and use extra paper to provide explanations.

1. Are you at least 18 years of age and legally eligible for work in the United States?

YES

NO

Date of Birth: _____

Month

Date

Year

2. Will you work overtime when necessary?

YES

NO

3. Have you been made aware of the essential functions of the job you're applying for?

YES

NO

4. Do you understand the job requirements?

YES

NO

5. Are you on layoff or subject to recall?

YES

NO

6. Have you ever been discharged or asked to resign from a job?

YES

NO

If yes, explain: _____

7. Have you ever been convicted of or plead guilty to a felony or other crime?

YES

NO

If yes, explain: _____

8. Have you ever been employed with us before?

YES

NO

9. Are you currently employed?

YES

NO

If presently employed, why do you desire to change your position? _____

Job-Related Skills

Please answer the following questions if the position you are applying for requires driving a motor vehicle:

1. Do you have a valid drivers license? YES NO State Issued If not issued in South Carolina _____

If yes, Driver's License Number? _____ Date Issued _____

2. Have you been convicted of or plead guilty to any traffic-related offense within the last five years?

YES

NO

If yes, explain: _____

3. Have you had a Driver's License suspended or revoked or had your driving privileges modified by a court of law?

YES

NO

If yes, explain: _____

4. Please list all states from which you hold or have held a driver's license: _____

Job-Related Skills

Please use this space to list any special skills you may have that relate to the position applied for: calculator, fax and other office machinery. computer related skills.

Please list any professional licenses, designations, certifications, etc., that may relate to the position applied for. Include date granted, name of organization, and any other relevant information.

- 1.
- 2.
- 3.

References

Please list three professional references. References should not be former employers or relatives.

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Full Name: _____
Company: _____ Phone: _____
Address: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Employment History

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference?

YES

NO

Company: _____ Phone: _____
Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference?

YES

NO

Employment History

(continued)

Company: _____ Phone: _____
 Address: _____ Supervisor: _____
 Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____
 Responsibilities: _____
 From: _____ To: _____ Reason for Leaving: _____
 May we contact your previous supervisor for a reference? YES NO

Military Service

Branch: _____ From: _____ To: _____
 Rank at Discharge: _____ Type of Discharge: _____
 If other than honorable, explain: _____

Acknowledgement

PLEASE READ before signing

I understand that if I receive a job offer, and prior to beginning employment, I may be requested to undergo a pre-employment medical examination. In the event that I have a disability that will affect my ability to take the test, I will so inform Johnson's Garbage Service, Inc., prior to administration of the test so that a reasonable accommodation can be made. We reserve the right to require medical documentation regarding the need for accommodation.

I agree that I am offered and accept a position, to conform to all existing and future company rules and regulations and also understand that the company reserving the right to change wages, hours, and working conditions as deemed necessary.

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 may result in termination.

I understand and agree that, if hired, my employment is AT-WILL—THIS MEANS THAT, IF HIRED, and EITHER THE COMPANY OR I CAN END THE EMPLOYMENT RELATIONSHIP AT ANYTIME AND FOR ANY OR NO REASON.

I authorize investigation of all statements contained in this application for any employment related purpose. I release the listed references and all employers to provide you with any and all applicable information they may have. I hereby release these references and former employers from all liability for any information they may give to you, including but not limited to any defamation claims I may now have or will have against them.

Signature: _____ Date: _____

Johnson's Garbage Service, Inc., is an at-will, Equal Opportunity Employer