

Referred by: \_\_\_\_\_

**Johnan America, Inc.**  
**600 Wilson Parkway**  
**Bardstown, KY 40004**

**Phone: 502/350-0977**  
**Fax: 502/348-8865**

Last Name		First Name		Initial		Social Security Number	
Present Address		Street		City		State Zip Code	
Home Phone		<u>Emergency Contacts/ List Name &amp; Phone</u> 1		Position and/or Shift Preference:		Wage & Salary Desired	
		2		e-mail:			

Do you have any relatives currently working at Johnan America?		Yes	No
If Yes Name & Relationship:			
Have you ever applied for work at Johnan America, Inc. before?			

**EDUCATION**

School or College (Begin with High School)	From Month/Year	To Month/Year	Degree & Date	Major	Average Grade
What other skill or experience do you have?					
Is there anything else you would like to tell us about yourself? (Attach if necessary)					

**PERSONAL REFERENCE**

Name	Address & Phone Number	Occupation
Do you authorize us to secure confidential reports on your character and ability from your former employers? Yes No		
Other references: Yes No Your present employer? Yes No		

PLEASE LIST ALL EMPLOYMENT BEGIN WITH MOST RECENT POSITION (INCLUDE SUMMER & PART-TIME WORK)

DATES	NAME & ADDRESS EMPLOYER	1. JOB TITLE 2. DEPARTMENT 3. SUPERVISOR	MAJOR DUTIES	WAGES	REASON FOR LEAVING
FROM		1		Start	
		2		\$	
TO		3		Per	
FROM		1		Start	
		2		\$	
TO		3		Per	
FROM		1		Start	
		2		\$	
TO		3		Per	
FROM		1		Start	
		2		\$	
TO		3		Per	
FROM		1		Start	
		2		\$	
TO		3		Per	
FROM		1		Start	
		2		\$	
TO		3		Per	

### EQUAL OPPORTUNITY

All qualified applicants will receive consideration for employment without regard to race, creed, color, sex, age, national origin, religion or physical or mental handicap. In addition we encourage the employment of veterans. Johnan America, Inc. offers equal opportunity treatment to all employees and qualified applicants.

### STATEMENT BY APPLICANT

It is agreed that any misrepresentation by me on this application, or any unfavorable acts determined by investigation will be sufficient cause for dismissal from the company's service if I am employed. I agree to wear or use protective clothing or devices as required by the company and to comply with the safety rules. I have read, understand and agree that statements made in the above are true and correct to the best of my knowledge and belief.

Applicants Signature \_\_\_\_\_

Date \_\_\_\_\_