

Application for Employment

Please read all instructions carefully and ink sign and ink sign below

1. Information given on this application will be treated as Strictly Confidential. It shall be necessary for the applicant to answer each question accurately. The use of this form does not indicate there are any positions open, and does not in any way obligate this company to employ the applicant
2. It is understood and agreed that any misrepresentation by me in this application will be sufficient cause for cancellation of the application and/or separation from the Company. I hereby authorize any person or concern to furnish information in their possession concerning my former employment, and I hereby release such persons or concerns from any and all liability arising thereof. I will supply payroll check stub, income tax return W-2, or other past salary verification if requested.
3. I understand I may be required to execute a contract with Bernard Johnson Corporation and /or a BJY Companies affiliate, and that this contract is for the protection of both parties.
4. I understand that Equal Employment Laws prohibit discrimination in employment because of race, color, religion, National origin, sex, age, and various other conditions described by acts and executive orders, and that any questions on this application that may appear to be in violation of said statues are due to (1) a bona-fide occupational qualification, (2) in compliance with National security laws, or (3) other legally permissible reasons. I AGREE TO NOTIFY THE COMPANY THE SAME DAY I FIRST BECOME AWARE OF ANY MATTER WHATSOEVER I CONSIDER DISCRIMINATION, absent such prompt notification I herewith agree to waive any and all claims of discrimination.
5. Complete all spaces; use a " – " or "NA" if not applicable.
6. Thank you for completing this application form and for your interest in employment with us. We would like to assure you that your opportunity for employment with the company will be based on your merit and on no other consideration.

Name

Applicant's Certification and Disclosure to Employment Applicant Regarding Procurement of A Consumer Report

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge. I understand that if employed, falsified statements on this application shall be considered sufficient cause for dismissal.

In connection with your application for employment, we may procure a consumer report on you as part of the process of considering your candidacy as an employee. In the event that information from the report is utilized in whole or in part in making an adverse decision with regard to your potential employment, before making the adverse decision, we will provide you with a copy of the consumer report and a description in writing of your rights under the law. Please be advised that we may also obtain an investigative report including information as to your character, general reputation, personal characteristics, and mode of living. This information may be obtained by contacting your previous employers or references supplied by you. Please be advised that you have the right to request, in writing, within a reasonable time, that we make a complete and accurate disclosure of the nature and scope of the information requested. Such disclosure will be made to you within 5 days of the date on which we receive the request from you or within 5 days of the time the report was first requested. The Fair Credit Reporting Act gives you specific rights in dealing with consumer reporting agencies. You will find these rights summarized on the reverse side of this document. By your signature below, you hereby authorize us to obtain a consumer report about you in order to consider you for employment. This report will be processed by: ADP Screening and Selection Services; 301 Remington Street ; Fort Collins, Colorado 80524; 800/367-5933, or another competent agent.

Applicant Name (Please Print):	
Date:	
Signature of Applicant:	
Address of Applicant:	
City, State, Zip	
	*NOTE: The Provisions of the Fair Credit Reporting Act may be applicable if a credit report on the applicant is obtained and considered.
	<u>"AN EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER"</u>

Please demonstrate your lettering/calligraphy if completing this as paper form.

Position Applying for		Date	
How were you referred to USAjobs? (check one)		Passport No.	Country
Source:			
o Advertisement		(Attach inside photocopy of your passport photo page)	
o Career Fair		All Applicants -	
o Employee		(Attach large I.D. photo)	
o Referral :			
	first	last/family	
Personal	Name		
	Other names or "nicknames" you have gone by		
	Spouse		
	Social Security Number		
	Drivers License No.		State
			Expiration Date
	Present Address		
	City/State/Zip/Country		
	Telephone	E-mail	Fax
	Permanent Address		
	City/State/Zip/Country		
	Telephone	E-mail	Fax
	Other Addresses in the past 10 yrs.		
	City/State/Zip/Country		
	Are you a Citizen of the U.S.?		
	If not, what country?		U.S. Security Clearances
	What is your immigration status?		
	Have you made application with USAjobs before?		
	Where?		
	Have you worked for us before?		If yes, when?
List any friends or relatives currently applying, or who have applied, with USAjobs.			
Have you ever been convicted of a felony?			

	Branch of service		
Military Service	Date Entered:		
	Date Discharged:		Last C.O.
	Nature of duty and any special training and honors received		Discharge Location:
	Do you have any physical condition which may limit your ability to perform the particular job for which you are applying?		
Physical Record	If yes, please describe		
	Current immunizations		
	Have you ever received worker's compensation?		
	If yes, please explain		(Req'd)
	How many days were you absent from work last year due to illness?		
	Last physical exam physician		
	Family physician		

Language (1-5, 5 highest)						PERSON TO BE NOTIFIED IN CASE OF EMERGENCY			
Language	(Dialect)	Speak	Read	Write					
English						Name			
German						Telephone			
						E-Mail			
						Address			
						City/State/Zip/Country			

Education		High School							
Location		No. yrs.	Marks / GPA			Degree & yr.			
College									
Location		No. yrs.	Marks / GPA			Degree & yr.			
University									
Location		No. yrs.	Marks / GPA			Degree & yr.			
Business/Trade									
If a college or university graduate, what was your major?									

Licenses									
State	Year	Reg./Lic #	Discipline	If a graduate, what is your specialization?					
				Are you registered/licensed?					
				Disciplines:					
				Academic, Technical, Professional affiliations (Do not abbreviate)					
				Do you have any pending registrations/licenses?					

Skills	Date	MS_O/S	MS Apps
	Other office machines and software operated		
	Typing	wpm	CAD and graphic apps
	Web sites personally constructed (URLs address)		

References	List three persons who are familiar with your work:		
	(1) Name	E-mail	
	Address		
	City/State/Zip/Country		
	Telephone No.	Occupation	Years known
	(2) Name	E-mail	
	Address		
	City/State/Zip/Country		

Telephone No.	Occupation	Years known	
(3) Name	E-mail		
Address			
City/State/Zip/Country			
Telephone No.	Occupation	Years known	

Employment History List all employers beginning with your most recent, omitting none of the four most recent

Attach most recent business card to next page

(Most Recent Employer at top)

From:		Name		Job Title	
To:		Street		Immediate Supervisor	
Full Time or		City/State/Zip		Supervisor's Email	
Temporary ?		Telephone #		Starting Salary	
Job Duties:				Annual Salary on Leaving:	
Duties Cont.:				% Salary as Bonus :	
Reason for Leaving:					

From:		Name		Job Title	
To:		Street		Immediate Supervisor	
Full Time or		City/State/Zip		Supervisor's Email	
Temporary ?		Telephone #		Starting Salary	
Job Duties:				Annual Salary on Leaving:	
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Job Duties:				Annual Salary on Leaving:	
Duties Cont.:				% Salary as Bonus :	
Reason for Leaving:					

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To:		Street		Immediate Supervisor	
Full Time or		City/State/Zip		Supervisor's Email	

Temporary ?		Telephone #		Starting Salary
Job Duties:				Annual Salary on Leaving:
Duties Cont.:				% Salary as Bonus :
Reason for Leaving:				
Do not write in this space	o Most recent W-2, P/R stub, Tax return W-2 page attached			
	App CScore ____/172			
	Interview	<input type="radio"/> Yes	<input type="radio"/> No	Date
	Comments			
	Acceptable for Employment?			
	Starting Rate:		Starting Date:	
	Occupation:		Dept.	Payroll No.:
	Interviewed by		Date:	
Employee No.	____ _	D.O.B.		

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POLICY ON DRUG-FREE WORK PLACE

In compliance with the Drug-Free Workplace Act of 1988, this is to reiterate and confirm in writing to all employees the following company Policy on the unlawful manufacture, distribution, dispensation, possession, or use of controlled substances in the workplace. Employees must comply with this policy as a condition of employment.

1.

Employees are expected and required to report to work on time and in appropriate mental and physical condition for work. It is the Company's intent and obligation to provide a drug-free, healthful, safe, and secure work environment.

2.

The unlawful manufacture, distribution, dispensation, possession, or use of a controlled substance on Company premises or while conducting Company business off Company premises is absolutely prohibited. Violation of this policy will result in disciplinary action, up to and including termination, and may have other legal consequences as well.

3.

The Company recognizes drug dependency as an illness and a major health problem. In addition, the Company recognizes drug abuse as a potential health, safety, and security problem. Any employee needing assistance with such problems is encouraged to seek our help and utilize our health insurance plans, as appropriate. Conscientious efforts to seek such help will not jeopardize any employee's job, and will not be noted in any personnel record.

4.

The Drug-Free Workplace Act of 1988 mandates that employees must report any conviction under a criminal drug statute for violations occurring on or off Company premises while conducting Company business. A report of a conviction must be made within five (5) days after the conviction.

5.

In addition to the above requirements set forth by this Act, employers with Department of Defense contracts must establish a drug testing program for employees in "sensitive" positions (i.e. those working on Department of Defense contracts who have access to classified information or being in positions that involve national security, health or safety or require a high degree of trust and confidence). However, the drug testing requirement will not apply if it is inconsistent with state or local law.

As part of this policy we will develop and make available to all employees a drug awareness and education program. I have read and acknowledge the requirements as stated in this policy.

Employee Name:

(please print)

Employee No:

SMOKING POLICY

There is significant medical evidence, as documented by the Office of the United States Surgeon and independent medical authorities, which supports the conclusion that smoking of cigarettes and other tobacco products presents increased risk of hazards to human health. This evidence demonstrates the detrimental effect of smoking on the safety, health and economic welfare of individual employees and on the Company itself.

Therefore, the following smoking policy is adopted by the Company:

Effective upon issuance of this office communication, use of tobacco and any tobacco products (i.e., cigarettes, pipes, cigars and smokeless tobacco) will not be permitted in any space, area or portion of the Bethesda office premises owned, leased, occupied or controlled by the Company or in any vehicle owned, leased or rented by the Company.

This policy affects all Company personnel including contract, part time and temporary classifications.

Signature:

Date: