



## **PRE-EMPLOYMENT FORM**

### **GENERAL INFORMATION:**

NAME \_\_\_\_\_  
First Middle Last

ADDRESS: \_\_\_\_\_  
Street City State, Zip

Phone No: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Date Available to Start: \_\_\_\_\_

Work Class: \_\_\_Apprentice \_\_\_Journeyman \_\_\_Foreman / Years of Experience: \_\_\_\_\_

### **PRIOR WORK EXPERIENCE:**

Co. Name: \_\_\_\_\_ Position Held: \_\_\_\_\_ # of Years \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Supervisor Contact #: \_\_\_\_\_

Co. Name: \_\_\_\_\_ Position Held: \_\_\_\_\_ # of Years \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Supervisor Contact #: \_\_\_\_\_

Co. Name: \_\_\_\_\_ Position Held: \_\_\_\_\_ # of Years \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Supervisor Contact #: \_\_\_\_\_

### **EQUAL EMPLOYMENT OPPORTUNITY:**

As an Equal employment opportunity employer, John G. Johnson Construction Co. adheres to all federal, state, and local laws, rules and regulations as they pertain to equal employment opportunity and affirmative action. The information requested below will assist us in analyzing our affirmative action efforts. We ask that you complete the information below on a VOLUNTARY basis. Any inclusion or exclusions will NOT affect any application or employment decision. The data secured will be used for statistical purposes only and will be maintained in a separate confidential file.

**Check One:** \_\_\_ Male \_\_\_ Female

### **Check the box of the racial/ethnic category to which you identify:**

\_\_\_ White \_\_\_ American Indian/Alaskan Native \_\_\_ African American  
\_\_\_ Asian/Pacific Islander \_\_\_ Hispanic \_\_\_ Other

### **Check if any of the following are applicable:**

\_\_\_ U.S. Veteran \_\_\_ Disabled Veteran \_\_\_ Disabled Individual



**Employment Eligibility Verification**  
**Department of Homeland Security**  
 U.S. Citizenship and Immigration Services

**USCIS**  
**Form I-9**  
 OMB No. 1615-0047  
 Expires 10/31/2022

▶ **START HERE: Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.**

**ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

**Section 1. Employee Information and Attestation** *(Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)*

Last Name <i>(Family Name)</i>		First Name <i>(Given Name)</i>		Middle Initial	Other Last Names Used <i>(if any)</i>	
Address <i>(Street Number and Name)</i>			Apt. Number	City or Town		State ZIP Code
Date of Birth <i>(mm/dd/yyyy)</i>	U.S. Social Security Number □□□□ - □□ - □□□□		Employee's E-mail Address			Employee's Telephone Number

**I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.**

**I attest, under penalty of perjury, that I am (check one of the following boxes):**

<input type="checkbox"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i>	
<p><i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i></p> <p>1. Alien Registration Number/USCIS Number: _____  <b>OR</b>          2. Form I-94 Admission Number: _____  <b>OR</b>          3. Foreign Passport Number: _____          Country of Issuance: _____</p>	
QR Code - Section 1 Do Not Write In This Space	

Signature of Employee	Today's Date <i>(mm/dd/yyyy)</i>
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**Preparer and/or Translator Certification (check one):**  
 I did not use a preparer or translator.     A preparer(s) and/or translator(s) assisted the employee in completing Section 1.  
*(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)*

**I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.**

Signature of Preparer or Translator		Today's Date <i>(mm/dd/yyyy)</i>	
Last Name <i>(Family Name)</i>		First Name <i>(Given Name)</i>	
Address <i>(Street Number and Name)</i>		City or Town	State ZIP Code

Employer Completes Next Page