



**Johnson & Johnson**  
*The Department of the Foot with a Vision for the Future*

## Application for Employment

It is the policy of the company to provide equal opportunity with regard to all terms and conditions of employment. The company complies with federal and state laws prohibiting discrimination on the basis of race, color, religion, creed, national origin, disability, veteran status, age or any other protected characteristic.

**PLEASE PRINT**

### PERSONAL

Last Name	First Name	MI	Date:
Street Address (number, street, city, state, zip code)			Social Security Number:
Telephone Number			E-mail

Position Desired?	Would you accept: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time work?
When would you be available to begin work?	
Are you over the age of 18 years? <input type="checkbox"/> YES <input type="checkbox"/> NO	Are you eligible for employment in the United States? YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever worked here before? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Have you ever worked under another name? YES <input type="checkbox"/> NO <input type="checkbox"/> , if yes, please specify:	
Have you ever been convicted of a felony or a misdemeanor which resulted in imprisonment within the last seven years? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, please explain: (A conviction will not necessarily result in the denial of employment.)	
Do you have any relatives or friends who work for the Company? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, who:	

### Education

Name and Location of School	Course of Study	No. of Years Completed	Diploma or Degree Received
High School			
College			
Vocational or Trade School			
Graduate Work			

*Special training or skills:* Languages, machine operation, etc. that would be of benefit in the job for which you are applying.

Do you belong to any professional, trade, or business association? YES [ ] NO [ ] If yes, please list:

# Experience

Are you presently employed? YES  NO  , If yes, may we contact your present employer? YES  NO

**Start with your present or most recent position**

Name of Employer		Telephone Number
Full Address (Including Street, City, State & Zip)		Supervisor's Name and Title
Dates Employed:	Beginning Pay: Ending Pay:	Reason for leaving:
Position Held & Describe the Work Performed:		
Name of Employer		Telephone Number
Full Address (Including Street, City, State & Zip)		Supervisor's Name and Title
Dates Employed:	Beginning Pay: Ending Pay:	Reason for leaving:
Position Held & Describe the Work Performed:		
Name of Employer		Telephone Number
Full Address (Including Street, City, State & Zip)		Supervisor's Name and Title
Dates Employed:	Beginning Pay: Ending Pay:	Reason for leaving:
Position Held & Describe the Work Performed:		

**Use additional sheet of paper to attach any additional work history and/or references.**

## IMPORTANT, PLEASE READ AND SIGN

I certify that all the information submitted by me on this application is true and complete, and I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected, and if I am employed, my employment may be terminated at any time.

In consideration of my employment, I agree to conform to the company's rules and regulations, and I agree that my employment and compensation can be terminated, with or without cause, and with or without notice, ant any time, by either my or the company's option. I also understand and agree that the terms and condition of my employment may be changed, with or without cause and with or without notice, at any time by the company. I understand that no company representative, other than it's President, and then only in writing and signed by the President, has any authority to enter into an agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing.

Applicant's Signature: \_\_\_\_\_ Date: January 22, 2010