



## 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:

**Company Name:** \_\_\_\_\_ **Position Held:** \_\_\_\_\_

**# of Years:** \_\_\_\_\_ **Supervisor:** \_\_\_\_\_

**Supervisor Contact Phone #:** \_\_\_\_\_

**Company Name:** \_\_\_\_\_ **Position Held:** \_\_\_\_\_

**# of Years:** \_\_\_\_\_ **Supervisor:** \_\_\_\_\_

**Supervisor Contact Phone #:** \_\_\_\_\_

**Company Name:** \_\_\_\_\_ **Position Held:** \_\_\_\_\_

**# of Years:** \_\_\_\_\_ **Supervisor:** \_\_\_\_\_

**Supervisor Contact Phone #:** \_\_\_\_\_



**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:**

- African American
- American Indian/Alaskan Native
- Asian/Pacific Islander
- Hispanic
- Caucasian / White
- 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 07/31/2026

**START HERE: Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the [Instructions](#).**

**ANTI-DISCRIMINATION NOTICE:** All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in **Section 1**, or specify which acceptable documentation employees must present for **Section 2** or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

**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 (Family Name)		First Name (Given Name)		Middle Initial (if any)	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number (if any)	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number		Employee's Email Address		Employee's Telephone Number	
<p><b>I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.</b></p>		Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):				
		<input type="checkbox"/> 1. A citizen of the United States				
		<input type="checkbox"/> 2. A noncitizen national of the United States (See Instructions.)				
		<input type="checkbox"/> 3. A lawful permanent resident (Enter USCIS or A-Number.)				
<input type="checkbox"/> 4. A noncitizen (other than <b>Item Numbers 2.</b> and <b>3.</b> above) authorized to work until (exp. date, if any)						
If you check <b>Item Number 4.</b> , enter one of these:						
USCIS A-Number		OR	Form I-94 Admission Number		OR	Foreign Passport Number and Country of Issuance
Signature of Employee				Today's Date (mm/dd/yyyy)		

**If a preparer and/or translator assisted you in completing Section 1, that person MUST complete the [Preparer and/or Translator Certification](#) on Page 3.**

**Section 2. Employer Review and Verification:** Employers or their authorized representative must complete and sign **Section 2** within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions.

	List A	OR	List B	AND	List C
Document Title 1					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 2 (if any)	<p><b>Additional Information</b></p>				
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 3 (if any)	<p><input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.</p>				
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					

<p><b>Certification:</b> I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears to be genuine and to relate to the employee named, and (3) to the best of my knowledge, the employee is authorized to work in the United States.</p>		First Day of Employment (mm/dd/yyyy):
Last Name, First Name and Title of Employer or Authorized Representative		Signature of Employer or Authorized Representative
		Today's Date (mm/dd/yyyy)
Employer's Business or Organization Name		Employer's Business or Organization Address, City or Town, State, ZIP Code

**For reverification or rehire, complete [Supplement B, Reverification and Rehire](#) on Page 4.**