EMPLOYMENT - JOB APPLICATION

AGENCY

PERSONAL INFORMATION

Name: _____ **Last Name:** _____

Address: _____

E-mail: _____ **Phone:** _____

Social Security Number (SSN): _____ **Date of Birth:** _____

Date available: _____ **Desired Pay: $** _____ Hour salary

Position Applied For: _____

Employment Desired: Full Time ☐ Part Time ☐ Seasonal ☐

EMPLOYMENT ELIGIBILITY

Are you legally Eligible to work in the US? Yes ☐ No ☐

Have you ever been convicted of a Felony? Yes ☐ No ☐

If Yes, Please explain: _____

EDUCATION

High School: _____

College: _____

Other: _____

PREVIOUS EMPLOYMENT

Employer 1: _____

Email: _____

EMPLOYMENT - JOB APPLICATION

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Address: _____

Starting Pay: $ _____ Hour salary **Ending Pay: $** _____ Hour salary

Job Title: _____ **Responsibilities:** _____

Employer 2: _____

Email: _____

Address: _____

Starting Pay: $ _____ Hour salary **Ending Pay: $** _____ Hour salary

Job Title: _____ **Responsibilities:** _____

REFERENCES (PROFESSIONAL & PERSONAL)

Full Name: _____ **Relationship:** _____

Email: _____ **Phone:** _____

Full Name: _____ **Relationship:** _____

Email: _____ **Phone:** _____

Do you have available transportation to job location? Yes ☐ No ☐

DRUG AND BACKGROUND CHECK CONSENT

Are you willing to consent to a drug and background check? Yes ☐ No ☐

Applicant understands that Kim Johnson Investments is an Equal Opportunity Employer and committed to excellence through diversity. In order to ensure this application is acceptable, please print or type with the application being fully completed in order for it to be considered.

Signature: _____ **Date:** _____

Print Name: _____

DIRECT DEPOSIT AUTHORIZATION FORM

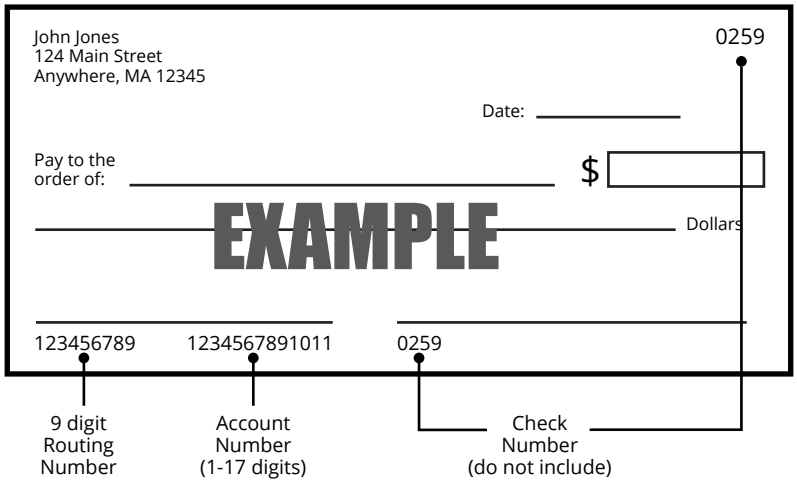
AGENCY

Please print and complete ALL the information below

Name: _____

Address: _____

City, State, Zip: _____



Name of Bank: _____

Account #: _____

9-Digit Routing#: _____

Amount: ☐ $ _____ ☐ _____% or ☐ Entire Paycheck

Type of Account: ☐ Checking ☐ Savings (Check One)

Attach a void check for each bank account to which funds should be deposited (if necessary)

is hereby authorized to directly deposit my pay to the account listed above. This authorized will remain in effect until I modify or cancel it in writing.

Employee Signature: _____ **Date:** _____

ON SITE DRUG TEST FORM

AGENCY

1. COMPANY INFORMATION

Company: Kimjohnson Investm Attn: _____

Address: 1004 Plaza Drive

City: Kissimmee, FL

State: Florida Zip: 34743

Phone: 407-201-2213

2. DONOR INFORMATION

Donor Name: _____

Donor Photo ID#: _____

ID Expiration Date: _____

Type of ID: ☐ Driver's License ☐ State ID

Reason for Test: ☐ Pre-employment ☐ For Cause

☐ Post Accident ☐ Random

3. TO BE COMPLETED BY DONOR:

I certify that the specimen provided is my own and has not been substituted or adulterated. I further agree and grant permission for the testing of my saliva for drug metabolites and or alcohol. I voluntarily consent to this testing.

Print Donor Name	Donor's Signature	Date

4. TO BE COMPLETED BY SCREENING PERSONNEL:

Drug Name	Device Code	Cut-Off Level	Negative	Non-Negative	Not Tested
Cocaine	COC	20 ng/mL	☐	☐	☐
Marijuana	THC	12 ng/mL	☐	☐	☐
Opiates	OPI	40 ng/mL	☐	☐	☐
Amphetamine	AMP	50 ng/mL	☐	☐	☐
Meth-Amphetamine	MET/MT	50 ng/mL	☐	☐	☐
Phencyclidine	PCP	10 ng/mL	☐	☐	☐

I certify that I collected the saliva provided by the aforementioned Donor and that it was not substituted or adulterated to the best of my knowledge. I have verified the donor identity by review of the donor's picture ID or by employer or test requestor verification.

Print Collector Name	Collector 's Signature	Date
K&J Agency	Vanya Kin	