



Please Print

Last Name		First Name		MI	Social Security Number
Present Address		City		State	Zip
Permanent Address		City		State	Zip
Phone Number ()		Referred by		Are you at least 19 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Position Desired		Date Available To Start		Salary/Wage Desired	
Are You Currently Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No		If so, may we contact your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you ever applied to this company before? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, Where?		When?	

General Information

List areas of special study/research, and/or special training/skills related to the positions for which you have applied	
U.S. Military or Naval Service	Rank
Do you have a valid Drivers License? <input type="checkbox"/> Yes <input type="checkbox"/> No State	If "No", please explain
Please list any minor traffic violations in the last three (3) years:	
Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No Misdemeanor? <input type="checkbox"/> Yes <input type="checkbox"/> No (A conviction record will not necessarily bar employment.) If you answered "yes", please fully describe the criminal conviction(s), listing the nature of the offense, disposition and date of disposition, your age at the time of the offense, and your rehabilitation since the conviction(s)	

Record of Education: Circle highest grade completed. Grade School 1 2 3 4 5 6 7 High School 8 9 10 11 12 Post 13 14 15 16

School Name, Address, City, State	Course of Study	Hours Completed	GPA	Degree
High				
Business/Trade				
College/University				

References: Please give the names of two or more persons (not relatives or former employers) who have known you for one year or more, and whom we can contact.

Name	Address	Name	Address
City, State, Zip	Years Known Phone ()	City, State, Zip	Years Known Phone ()

Are you seeking Full-Time or Part-Time employment?

When are you available to work? <input type="checkbox"/> Overnights Awake						
<input type="checkbox"/> Sunday	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday	<input type="checkbox"/> Saturday
From	From	From	From	From	From	From
To	To	To	To	To	To	To
You will be required to attend preservice training Monday - Friday 8AM to 5PM or 2PM to 10PM. Training must be completed within 90 days of hire do you have a conflict that would prevent you from attending these specific training times? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:						

Applicant Name _____

Former Employers: List below all present and past employment beginning with your most recent, accounting for all time since leaving High School, or the last seven years. Please **DO NOT** leave the phone number blank.

Company Name	Address	City	State
Phone ()	Position Title	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	
Duties			
Employment Start Date	Employment End Date	Starting Salary	Ending Salary
Supervisor Name	Reason for Leaving		
Shaded Section is for Office Use Only Verified <input type="checkbox"/> Is this employee eligible for re-hire? <input type="checkbox"/> Yes <input type="checkbox"/> No Additional Comments:			
If completed by phone, name of contact person		Title of contact person	
DSI representative completing reference			Date

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Phone ()	Position Title	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	
Duties			
Employment Start Date	Employment End Date	Starting Salary	Ending Salary
Supervisor Name	Reason for Leaving		
Shaded Section is for Office Use Only Verified <input type="checkbox"/> Is this employee eligible for re-hire? <input type="checkbox"/> Yes <input type="checkbox"/> No Additional Comments:			
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Application for Employment

AUTHORIZATION: "I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND TO THE BEST OF MY KNOWLEDGE AND UNDERSTANDING THAT I HAVE NOT FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL." "I AUTHORIZE INVESTIGATIONS OF ALL STATEMENTS CONTAINED IN THE APPLICATION AND THE REFERENCES AND AUTHORIZE EMPLOYERS LISTED ABOVE TO GIVE YOU AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND UTILIZATION OF SUCH INFORMATION." "I ALSO AUTHORIZE AND AGREE THAT NO REPRESENTATIVE OF THE COMPANY HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OF TIME OR MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING, UNLESS IT IS IN WRITING AND SIGNED BY AN AUTHORIZED COMPANY REPRESENTATIVE."

Signature of Applicant

Date