

**APPLICATION FOR EMPLOYMENT**

**ALL POTENTIAL EMPLOYEES ARE EVALUATED WITHOUT REGARD TO RACE, COLOR, RELIGION, GENDER, NATIONAL ORIGIN, AGE, MARITAL OR VETERAN STATUS, THE PRESENCE OF A NON-JOB RELATED HANDICAP OR ANY OTHER LEGALLY PROTECTED STATUS.**

**Please attach a resume if available and do not duplicate any information provided on the resume.**

Position Sought: \_\_\_\_\_

How did you learn about the position? \_\_\_\_\_

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Office Phone \_\_\_\_\_ Other Phone \_\_\_\_\_

Email Address: \_\_\_\_\_

On what date would you be available for work? \_\_\_\_\_ Desired Wage/Salary \$ \_\_\_\_\_

Are you authorized to work in the U.S. without any restriction?

Yes  No

Have you ever been convicted of a felony?  Yes  No If yes, please describe circumstances: \_\_\_\_\_

Have you ever been involuntarily terminated or asked to resign from any position of employment?

Yes  No

If yes, please describe circumstances: \_\_\_\_\_

If selected for employment, are you willing to submit to a pre-employment drug screening test?

Yes  No

Are you willing to travel?  Yes  No Are you willing to work overtime?  Yes  No

<b>EDUCATION</b>				
School Name	Location	Years Attended	Degree Received	Major

Other training, certifications, or licenses held: \_\_\_\_\_

List other information pertinent to the employment you are seeking: \_\_\_\_\_

**EMPLOYMENT – (Most Recent First)**

1. Employer \_\_\_\_\_ Job Title \_\_\_\_\_

Dates Employed \_\_\_\_\_ Prior Position Held within Company (if any): \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Supervisor \_\_\_\_\_ Title \_\_\_\_\_

Starting Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_

Duties Performed \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

2. Employer \_\_\_\_\_ Job Title \_\_\_\_\_  
 Dates Employed \_\_\_\_\_ Prior Position Held within Company (if any): \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ Supervisor \_\_\_\_\_ Title \_\_\_\_\_

Starting Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_  
 Duties Performed \_\_\_\_\_  
 Reason for Leaving \_\_\_\_\_

3. Employer \_\_\_\_\_ Job Title \_\_\_\_\_  
 Dates Employed \_\_\_\_\_ Prior Position Held within Company (if any): \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ Supervisor \_\_\_\_\_ Title \_\_\_\_\_

Starting Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_  
 Duties Performed \_\_\_\_\_  
 Reason for Leaving \_\_\_\_\_

**REFERENCES – Give the names of three persons not related to you, whom you have known at least one year.**

NAME	ADDRESS	BUSINESS	YEARS ACQUAINTED
1.			
2.			
3.			

**ADDITIONAL INFORMATION**

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**APPLICANT'S CERTIFICATION AND AGREEMENT**

**I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge and authorize Dico Products Corporation to verify their accuracy and to obtain reference information on my work performance, character, general reputation and personal characteristics. I hereby release Divine Brothers Company from any/all liability of whatever kind and nature which, at any**

**time, could result from obtaining and having an employment decision based on such information. You have the right to make a written request within a reasonable period of time to receive additional detailed information about the nature and scope of this investigation.**

**I understand that, if employed, falsified statements of any kind or omissions of facts called for on this application shall be considered sufficient basis for dismissal.**

**I understand that should an employment offer be extended to me and accepted that I will fully adhere to the policies, rules and regulations of employment of the Employer. However, I further understand that neither the policies, rules, regulations of employment or anything said during the interview process shall be deemed to constitute the terms of an implied employment contract. I understand that any employment offered is for an indefinite duration and at will and that either I or the Employer may terminate my employment at any time with or without notice or cause.**

**Signature of Applicant \_\_\_\_\_ Date: \_\_\_\_\_**