



APPLICATION FOR EMPLOYMENT

All applicants will be considered for employment without regard to race, religion, color, sex, national origin, age, marital or veteran status, medical condition or handicap, or any other status protected by law. We are an Equal Opportunity Employer.

PERSONAL:

Date _____

Name: _____ Social Security #: _____
Last First Middle

Address: _____
No Street
City State Zip Code

Telephone No. (____) _____ Email: _____

Position(s) applied for: _____ Full Time Part Time

Date you are available to start work: _____ Salary or Wages desired: \$ _____ Hr Wk.

Can you perform all the essential functions of the job for which you are applying with or without reasonable accommodation? Yes No

If No, explain: _____

Indicate special qualifications or skills: _____

Have you worked for us before? Yes No If YES, when? _____ Position _____

Are you currently employed? Yes No

May we contact your current employer? Yes No

Are you currently on "layoff" status and subject to recall? Yes No

Are you over 18 years of age? Yes No

When requested, can you provide genuine documentation establishing your identity and eligibility to be legally employed in the United States? Yes No

Have you ever been convicted of a crime? (Do not disclose any information regarding arrest of conviction records that have been expunged or sealed.) Yes No

If YES, list convictions: _____

Convictions will not automatically ban an applicant from employment. Convictions are evaluated in relation to the position.

EDUCATION

Are you currently enrolled in school? Yes No

(Circle Last year completed) GRADUATED SCHOOL NAME & CITY, STATE MAJORED IN

High School 1 2 3 4 Yes No _____

College 1 2 3 4 Yes No _____

Other: _____

CONTINUED ON REVERSE SIDE

PREVIOUS EMPLOYMENT

(Start with the most recent)

Company _____ Position _____
 Street _____ Supervisor _____
 City, State _____ From _____ To _____
 Starting Salary _____ Ending Salary _____ Reason For Leaving _____
 Job
 Description _____

Company _____ Position _____
 Street _____ Supervisor _____
 City, State _____ From _____ To _____
 Starting Salary _____ Ending Salary _____ Reason For Leaving _____
 Job
 Description _____

Company _____ Position _____
 Street _____ Supervisor _____
 City, State _____ From _____ To _____
 Starting Salary _____ Ending Salary _____ Reason For Leaving _____
 Job
 Description _____

REFERENCES

Name _____ Company _____
 Address, Phone _____ Position _____

Name _____ Company _____
 Address, Phone _____ Position _____

Name _____ Company _____
 Address, Phone _____ Position _____

APPLICANTS STATEMENT *(By submitting this form, you agree to the following)*

I certify that the information contained in this application is correct to the best of my knowledge. I authorize Deublin Company to verify any and all information provided on this application and understand that any misrepresentation or omission of information may result in a denial of employment or termination of employment.

I authorize the release of any and all information concerning my previous employment and any pertinent information my previous employers may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you. I further authorize an independent background investigation.

I understand that if employed, my employment is at will and not for any definite period of time. I further understand and agree that employment can be terminated with or without cause and with or without advance notice by the Company or at my own election at any time. I further understand that this policy cannot be changed except by written document signed by the Chief Executive Office, President or a Vice President, and that no such commitments have been made to me.

If offered a position with Deublin Company, I will be tested for drug usage, and a medical examination and/or function evaluation may be required. These procedures will be performed by the medical service currently used by Deublin Company.

Date_____