



| Employment Application | | | | | | | | | |
|---|--|--|--------------------------|-----------|----------|-------------|------------------|--|--|
| Application Date: | | | Available for Work Date: | | | | | | |
| Position Applying for: | | | | | | | | | |
| Type of Employment: | | Full Time | Part Time | Temporary | Seasonal | Educational | | | |
| Personal Information | | | | | | | | | |
| Last Name: | | | Address: | | | | | | |
| First Name: | | | City: | | | | | | |
| Middle Name: | | | State: | | | Zip: | | | |
| Home Phone # | | | Cell Phone # | | | | | | |
| Drivers License # | | State: | Social Security # | | | | | | |
| Employment Questionnaire | | | | | | | | | |
| Are you at least 18 years of age or older? | | | | | Yes | | No | | |
| Are you legally eligible for employment in the United States? (Proof of U.S. Citizenship, or current immigration status required upon employment.) | | | | | Yes | | No | | |
| Have you been convicted of a felony in the last 7 years? (Such conviction may be relevant if job related, but does not ban you from employment.) | | | | | Yes | | No | | |
| Will you work Overtime if required? | | | | | Yes | | No | | |
| Will you Travel if your job requires it? | | | | | Yes | | No | | |
| Will you Relocate if your job requires it? | | | | | Yes | | No | | |
| Are you able to meet the attendance requirements of the position? | | | | | Yes | | No | | |
| Educational Background | | | | | | | | | |
| Please list the last 3 schools attended, starting with the most recent first | | | | | | | | | |
| School Name | | # Years | Degree/Diploma | G.P.A | Major | | Minor | | |
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| | | | | | | | | | |
| Personal/Work Background | | | | | | | | | |
| Special Skills & Qualifications | | <i>Please summarize any special skills, and qualifications acquired from employment, or other experiences that may qualify you to work with DDS Enterprises.</i> | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Accomplishments, Awards, or Certifications | | <i>Please summarize any special skills, and qualifications acquired from employment, or other experiences that may qualify you to work with DDS Enterprises.</i> | | | | | | | |
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| Personal References | | | | | | | | | |
| Please list name, and phone # of three business/work references who are not related to you and are not previous supervisors. If not applicable, list three school or personal references that are not related to you. | | | | | | | | | |
| Name | | Relationship | | | Phone # | | # of years known | | |
| | | | | | | | | | |
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| Employment History | | | | | | | | | |
|---|-------|--|---------------|-----|-----------------------|------------|--------------------------|----|--------------------------|
| Please list your last (3) employers, assignments, or volunteer activities, starting with the most recent, including any military experience. Please explain any gaps in employment in the comments sections below. | | | | | | | | | |
| Employer Name | | | | | | Phone # | | | |
| Employer Address: | | | | | | | | | |
| Date of Employment: | From: | | | To: | | | Title: | | |
| Hourly Pay / Salary: | | | Starting Pay: | | | Final Pay: | | | |
| Immediate Supervisor: | | | | | | Title: | | | |
| Reason for Leaving: | | | | | | | | | |
| May we contact previous Employer for reference? | | | | | | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Employer Name | | | | | | Phone # | | | |
| Employer Address: | | | | | | | | | |
| Date of Employment: | From: | | | To: | | | Title: | | |
| Hourly Pay / Salary: | | | Starting Pay: | | | Final Pay: | | | |
| Immediate Supervisor: | | | | | | Title: | | | |
| Reason for Leaving: | | | | | | | | | |
| May we contact previous Employer for reference? | | | | | | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Employer Name | | | | | | Phone # | | | |
| Employer Address: | | | | | | | | | |
| Date of Employment: | From: | | | To: | | | Title: | | |
| Hourly Pay / Salary: | | | Starting Pay: | | | Final Pay: | | | |
| Immediate Supervisor: | | | | | | Title: | | | |
| Reason for Leaving: | | | | | | | | | |
| May we contact previous Employer for reference? | | | | | | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| <p>It is understood, and agreed upon that any misrepresentation by me in this application will be sufficient cause for cancellation of this application, and/or separation from the employer's service if I have been employed. Furthermore, I understand that just as I am free to resign at any time, the Employer reserves the right to terminate my employment at any time, with or without cause and without prior notice. I also understand that no representative of the Employer has the authority to make any assurances to the contrary. I give the Employer the right to investigate all references and to secure additional information about me, if job related. I hereby release from liability the Employer, and its representatives for seeking such information and all other persons, corporations, or organizations for furnishing such information. The Employer is an Equal Opportunity Employer. The Employer does not discriminate in employment, and no question on this application is used for the purpose of limiting, or excusing any applicants consideration for employment on a basis prohibited by local, state, or federal law. This application is current for only 30 Days. At the conclusion of this time, if not heard from by the Employer, and still wish to be considered for employment, it will be necessary to fill out a new application.</p> | | | | | | | | | |
| Applicant Name: | | | | | | Date: | | | |
| Applicant Signature: | | | | | | | | | |
| Referred By: | | | | | | | | | |
| To be completed by DDS personnel: | | | | | | | | | |
| Position of Employee: | | | | | | | | | |
| Hourly Rate: | | | | | | | | | |
| Drug Test Date: | | | | | | | | | |
| Hired Date: | | | | | | | | | |
| Supervisor Name: | | | | | Supervisor Signature: | | | | |