

# D.E.S., Inc.

## Application For Employment

**We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.**

*(Please Print)*

<b>Position(s) Applied For:</b>	<b>Date of Application:</b>
---------------------------------	-----------------------------

**How Did You Learn About Us? (mark with X)**

<input type="checkbox"/> Advertisement	<input type="checkbox"/> Relative	<input type="checkbox"/> Inquiry	<input type="checkbox"/> Other
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Friend	<input type="checkbox"/> Website	

<b>Last Name</b>	<b>First Name</b>	<b>Middle Name</b>	
<b>Address</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>
<b>Telephone Number(s)</b>	<b>Email Address</b>		

Best time to contact you is (AM/PM) . . . . .

If you are under 18 years of age, can you provide required proof of your eligibility to work? . . . . . **Yes No**

Have you ever filed an application with us before? . . . . . **Yes No**  
 If Yes, give date

Have you ever been employed with us before? . . . . . **Yes No**  
 If Yes, give date

Do any of your friends or relatives, other than spouse, work here? . . . . . **Yes No**

Are you Currently employed? . . . . . **Yes No**

May we contact your present employer? . . . . . **Yes No**

  

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?  
*Proof of citizenship or immigration status will be required upon employment.* . . . . . **Yes No**

Date available for work (*mm/dd/yyyy*)                      What is your desired salary Range?

Are you available to work:

Full-Time	Yes	No
Part-Time	Yes	No
Temporary	Yes	No

Are you currently on "lay-off" status and subject to recall? . . . . . **Yes No**

Can you travel if a job requires it? . . . . . **Yes No**

# Education

	Name and Address Of School	Course of Study	No. of Years Completed	Diploma Degree
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

**Describe any specialized training, apprenticeship and skills:**

**Describe any job-related training received:**

# EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities, or other protected status.

1.	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
Job Title		Supervisor			
Reason for Leaving					
2.	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
Job Title		Supervisor			
Reason for Leaving					
3.	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
Job Title		Supervisor			
Reason for Leaving					
4.	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
Job Title		Supervisor			
Reason for Leaving					

List Professional, trade, business or civic activities and offices held. You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.

If you need additional space, please continue in a separate sheet of paper.

# ADDITIONAL INFORMATION

## Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

## SPECIALIZED SKILLS (CHECK SKILLS/EQUIPMENT OPERATED)

MS Office 2016	Outlook	Production/Mobile	Other (list)
Excel	PowerPoint	Machinery (list)	
Word	Access		
Estimation	Keyboard	wpm	
Project Management			
Customer Service			
Problem Solving			

*State any additional information you feel may be helpful to us in considering your application.*

## **Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.**

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of the activities involved in such a job or occupation has been given. YES NO

## REFERENCES

1. (Name) (Address) (Phone #)
2. (Name) (Address) (Phone #)
3. (Name) (Address) (Phone #)

# APPLICANTS STATEMENT

I certify that the answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should not inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an “*at will*” employment relationship may not be changes by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

## FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview	Yes	No	
Remarks			
Employed	Yes	No	Date of Employment
Job Title		Hourly Rate/Salary	Department
	By	(NAME AND TITLE)	DATE

**FOR PERSONNEL DEPARTMENT USE ONLY**

**Position(s) Applied For Is Open:      Yes      No**

**Position Considered For:**

**Date:**

**INTERVIEW NOTES:**