



# EMPLOYMENT APPLICATION

A completed Employment Application is required for consideration for any open position. Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to their application and/or interview process should notify the Office Manager or Hiring Manager.

Today's Date		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<b>POSITION APPLIED FOR</b>	
		MONTH	DAY	YEAR							
PERSONAL	FIRST NAME	MIDDLE NAME			LAST NAME			PREFERRED NAME			
	ADDRESS				CITY & STATE		ZIP CODE		PHONE NO.		
	U.S. CITIZEN?		<input type="checkbox"/> YES <input type="checkbox"/> NO		ARE YOU LEGALLY ELIGIBLE TO WORK IN THE UNITED STATES?				<input type="checkbox"/> YES <input type="checkbox"/> NO		
					REGISTRATION NUMBER (if applicable)						
PERSONAL EMAIL ADDRESS (PLEASE PRINT CLEARLY)											
EDUCATION	HIGH SCHOOL - NAME/LOCATION OF HIGH SCHOOL ATTENDED							High School graduate or equivalent?			
								<input type="checkbox"/> YES <input type="checkbox"/> NO			
	COLLEGE OR UNIVERSITY			ADDRESS (City, State)			DEGREE RECEIVED		SUBJECT OF SPECIALIZATION		
	FOREIGN LANGUAGES YOU CAN SPEAK, READ OR WRITE										
<b>LIST PAST EMPLOYMENT RECORD AS COMPLETELY AS POSSIBLE, STARTING WITH YOUR PRESENT OR MOST RECENT EMPLOYER. INCLUDE SELF-EMPLOYMENT &amp; SUMMER EMPLOYMENT.</b> <span style="float: right;"><b>RESUME ATTACHED?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO</span>											
EMPLOYMENT HISTORY	EMPLOYER'S CONTACT INFORMATION			DATE MONTH/YEAR		JOB TITLE/TYPE WORK				REASON FOR LEAVING	
	PRESENT OR LAST EMPLOYER			FROM							
	ADDRESS			TO							
	PHONE										
	PREVIOUS EMPLOYER			FROM							
	ADDRESS			TO							
	PHONE										
	PREVIOUS EMPLOYER			FROM							
	ADDRESS			TO							
	PHONE										
	PREVIOUS EMPLOYER			FROM							
	ADDRESS			TO							
	PHONE										

INTEREST	DESCRIBE ANY GEOGRAPHICAL/TRAVEL RESTRICTIONS:			
	APPROXIMATE EARNINGS EXPECTED (hourly or salary): \$		SCHEDULE CAN YOU WORK ANY DAY OF THE WEEK? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, WHEN CAN'T YOU WORK?	
MILITARY	LIST BRANCH OF SERVICE	DATE ENTERED	DATE SEPARATED	RANK WHEN SEPARATED
	DO YOU HAVE U.S. ARMED FORCES OR NATIONAL GUARD OBLIGATIONS? <input type="checkbox"/> YES <input type="checkbox"/> NO			IF YES, DESCRIBE
SKILLS	LIST ANY SPECIAL SKILLS OR CERTIFICATIONS			
	LIST MACHINES/EQUIPMENT ON WHICH YOU HAVE EXPERIENCE, INCLUDE NUMBER OF YEARS			
	LIST PROFESSIONAL MEMBERSHIPS, OFFICES HELD, OR SPECIAL AWARDS RECEIVED			
EMPLOYMENT	ARE YOU CURRENTLY EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO	MAY WE CONTACT YOUR CURRENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF HIRED, ARE YOU WILLING TO ACCEPT A TRANSFER OR RELOCATE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
	WERE YOU REFERRED? <input type="checkbox"/> YES <input type="checkbox"/> NO	PLEASE INDICATE WHO REFERRED YOU OR HOW YOU HEARD ABOUT THE JOB		
	LIST ANY RELATIVES EMPLOYED BY DANIEL & COMPANY		POSITION HELD/JOB TITLE	RELATIONSHIP TO YOU
	HAVE YOU EVER BEEN EMPLOYED BY DANIEL & COMPANY? <input type="checkbox"/> YES <input type="checkbox"/> NO		DATE STARTED - DATE SEPARATED	REASON FOR LEAVING
	HAVE YOU EVER BEEN CONVICTED OF A FELONY OR MISDEMEANOR DRUG OFFENSE? IF YES, EXPLAIN		<input type="checkbox"/> YES <input type="checkbox"/> NO	
GENERAL	HAVE YOU EVER BEEN CONVICTED OF ANY OTHER FELONY OR MISDEMEANOR? IF YES, EXPLAIN		<input type="checkbox"/> YES <input type="checkbox"/> NO	
	Answering "yes" to either of the above listed questions does not constitute an automatic rejection for employment. Date of the offense, seriousness and nature of the violation, rehabilitation, and position applied for will be considered.			
	DO YOU CURRENTLY HAVE A VALID DRIVER'S LICENSE, AND ARE YOU ABLE TO DRIVE WITH NO RESTRICTIONS?		<input type="checkbox"/> YES <input type="checkbox"/> NO	

**APPLICANT STATEMENT** *Please read carefully before signing.*

I certify that my answers are true and complete to the best of my knowledge. I authorize you to make such investigations and inquiries of my personal, employment, educational, financial, and other related matters as may be necessary for an employment decision. I hereby release employers, schools or individuals from all liability when responding to inquiries in connection with my application. I understand that that DANIEL & COMPANY does not lawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicants from consideration for employment on any basis prohibited by local, state or federal law.

I understand that any information provided that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (1) eliminate me from further consideration for employment, or (2) may result in discharge from service whenever it is discovered.

SIGNATURE		DATE	
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DANIEL & COMPANY, INC. IS AN EQUAL OPPORTUNITY EMPLOYER