

DUNN SERVICES, INC.

APPLICATION FOR EMPLOYMENT

PLEASE FILL IN ALL BLANKS WITH COMPLETE ANSWERS:

DATE: _____ POSITION YOU ARE APPLYING FOR _____

NAME _____ SOCIAL SECURITY # _____

ADDRESS _____
City State zip code

PREVIOUS ADDRESS _____
City State zip code

HOME PHONE # _____ CELL PHONE # _____ OTHER # _____

DATE OF BIRTH _____ DRIVERS LICENSE NO & STATE _____

ARE YOU A CITIZEN OF THE UNITED STATES? _____ MARITAL STATUS _____

NAME OF SPOUSE _____ SPOUSE'S OCCUPATION _____

NUMBER OF CHILDREN _____ AGES _____

NAME AND PHONE NUMBER OF EMERGENCY CONTACT:

EDUCATION

NAME AND ADDRESS OF HIGH SCHOOL _____

HIGHEST GRADE ATTENDED _____ HIGHER EDUCATION _____

OTHER SCHOOLS OR TRAINING _____

EXPERIENCE

START WITH YOUR PRESENT OR LAST JOB:

NAME OF EMPLOYER _____ PHONE # _____

ADDRESS _____

POSITION HELD _____ DATES OF EMPLOYMENT _____

IMMEDIATE SUPERVISOR _____ PHONE # _____

SALARY OR HRLY PAY: STARTING _____ per _____ ENDING/PRESENT _____ per _____

REASON FOR LEAVING _____

DESCRIPTION OF JOB DUTIES _____

NAME OF EMPLOYER _____ PHONE # _____

ADDRESS _____

POSITION HELD _____ DATES OF EMPLOYMENT _____

IMMEDIATE SUPERVISOR _____ PHONE # _____

SALARY OR HRLY PAY: STARTING _____ per _____ ENDING/PRESENT _____ per _____

REASON FOR LEAVING _____

DESCRIPTION OF JOB DUTIES _____

NAME OF EMPLOYER _____ PHONE # _____

ADDRESS _____

POSITION HELD _____ DATES OF EMPLOYMENT _____

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DESCRIPTION OF JOB DUTIES _____

NAME OF EMPLOYER _____ PHONE # _____

ADDRESS _____

POSITION HELD _____ DATES OF EMPLOYMENT _____

IMMEDIATE SUPERVISOR _____ PHONE # _____

SALARY OR HRLY PAY: STARTING _____ per _____ ENDING/PRESENT _____ per _____

REASON FOR LEAVING _____

DESCRIPTION OF JOB DUTIES _____

MAY WE CONTACT YOUR PREVIOUS OR CURRENT EMPLOYERS? _____

SUMMARIZE SPECIAL SKILLS & QUALIFICATIONS ACQUIRED FROM EMPLOYMENT OR OTHER EXPERIENCE

OTHER REFERENCES

NAME ADDRESS & TELEPHONE OCCUPATION

ADDITIONAL INFORMATION

HAVE YOU EVER HAD ANY PHYSICAL HANDICAPS, NERVOUS BREAKDOWN, BACK INJURY, CHRONIC DISEASE, OTHER DISABILITIES? _____ IF YES GIVE DETAILS _____

HAVE YOU EVER SUFFERED A COMPENSABLE INJURY? _____ IF YES GIVE DETAILS _____

ARE YOU CURRENTLY UNDER A DOCTORS CARE? _____ IF YES GIVE DETAILS _____

DO YOU HAVE ANY RESTRICTIONS OR DISABILITIES? _____ IF YES GIVE DETAILS _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY? _____ IF YES GIVE DETAILS _____

HAVE YOU EVER BEEN CONVICTED OF A DWI/DUI? _____ IF YES GIVE DETAILS _____

IF YOU HAVE BEEN CONVICTED OF ANY MOVING TRAFFIC VIOLATIONS OR BEEN INVOLVED IN ANY VEHICLE ACCIDENTS WITHIN THE LAST THREE YEARS, PLEASE GIVE DETAILS FOR EACH INCIDENT SHOWING DATE, FACTS, PLACE AND DISPOSITION.

ADDITIONAL COMMENTS

PLEASE READ CAREFULLY

I CERTIFY THAT ANSWERS GIVEN HEREIN ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I AUTHORIZE YOU TO MAKE SUCH INVESTIGATIONS AND INQUIRIES OF MY PERSONAL, EMPLOYMENT, FINANCIAL OR MEDICAL HISTORY AND OTHER RELATED MATTERS AS MAY BE NECESSARY IN ARRIVING AT AN EMPLOYMENT DECISION. I HEREBY RELEASE EMPLOYERS, SCHOOLS, OR PERSONS FROM ALL LIABILITY IN RESPONDING TO INQUIRIES IN CONNECTION WITH MY APPLICATION. I UNDERSTAND THAT FALSE OR MISLEADING INFORMATION GIVEN IN MY APPLICATION OR INTERVIEWS MAY BE GROUNDS FOR REJECTION OF MY APPLICATION FOR EMPLOYMENT OR SUBSEQUENT TERMINATION IF EMPLOYED. I UNDERSTAND ALSO, THAT I AM REQUIRED TO ABIDE BY ALL RULES AND REGULATIONS OF THE COMPANY.

SIGNATURE OF APPLICANT _____

DATE _____
