



APPLICATION FOR EMPLOYMENT

DATE _____

APPLICANT DATA

Name _____
Last First Middle Maiden

Address _____
Number Street City State Zip

Home Phone (_____) _____ Cell Phone (_____) _____

Email _____ Social Security No. _____ - _____ - _____

If hired, can you provide proof of your legal right to work in this country? YES NO

Have you applied to or worked for Daydid Specialties before? YES NO

If yes, when and which location? _____

Do you have any relatives or friends working at Daydid Specialties? YES NO

If yes, please indicate name(s) and relationship(s). _____

Are you at least 18 years of age? YES NO

Do you have a valid Driver's License? YES NO

What is your means of transportation to work? _____

EMPLOYMENT INTERESTS

Position applying for _____ Location applying to _____

Indicate hours available to work each day
 Mon _____ Tue _____ Wed _____ Thu _____ Fri _____ Sat _____

Employment desired (check all that apply) Full-time Part-time Seasonal

Salary desired _____ Date available to being work _____

Are you able to perform all essential duties and functions of the job for which you are applying, either with or without reasonable accommodation? YES NO

If no, describe the accommodation needed. _____

Have you ever been involuntary discharged from a position? YES NO

If yes, please explain. _____

Have you ever been convicted of a criminal offense (felony or misdemeanor)? YES NO

NOTE: No applicant will be denied employment solely on the basis of conviction of a criminal offense. The nature of the offense, the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.

If yes, explain the nature of the offense(s), when and where it/they occurred, and the disposition of the case(s). _____

EDUCATION, TRAINING & EXPERIENCE

Work Experience

Please list your work experience for the **past ten years** beginning with your most recent job held. Explain any gaps in employment. Please complete this section even if you have attached a resume. If you were self-employed, give firm name. **Attach additional sheets if necessary.**

May we contact your present employer? Yes No

Employer	Your last job title		
Address	Name of last supervisor		
	Employment dates	From	To
Phone number	Pay or salary	Start	Final
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

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EDUCATION, TRAINING & EXPERIENCE (con't)

TYPE OF SCHOOL	NAME	ADDRESS	AREA OF STUDY	GRADUATE?	DIPLOMA or DEGREE REC'D
High School				<input type="checkbox"/> YES <input type="checkbox"/> NO	
College/ University				<input type="checkbox"/> YES <input type="checkbox"/> NO	
Business/ Trade				<input type="checkbox"/> YES <input type="checkbox"/> NO	
Other				<input type="checkbox"/> YES <input type="checkbox"/> NO	

An application form sometimes makes it difficult to adequately summarize a complete background. Use the space below to provide additional information, such as any training, skills, knowledge, certifications, or other qualifications for the specific position for which you are applying.

Please list two business references NOT related to or living with you, who have knowledge of your work performance within the past three years.

Name _____
 Position _____
 Company _____
 Telephone _____
 Email _____
 Number of years known _____

Name _____
 Position _____
 Company _____
 Telephone _____
 Email _____
 Number of years known _____

QUESTIONS

Why do you want to work for Daydid Specialties?

List two characteristics that make you a great employee.

Describe a recent work-related problem you had to address and how you resolved it.

Who did you admire most at your last job and why?

AKNOWLEDGEMENT & WAIVER

Please read each statement carefully, initially each paragraph, and sign below.

___ I understand that Daydid Specialties promotes a drug free workplace and conducts pre-employment drug testing.

___ I hereby certify that I have not knowingly withheld information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any misrepresentation, falsification or material omission of information on this application or any document used to secure employment may result in my failure to receive an offer or, if I am hired, my immediate dismissal from employment, regardless of the time elapsed before discovery.

___ I hereby authorize the company to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to the company any and all letters, reports, and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the company, my former employers and all other persons, corporations, partnerships, associations from any and all claims, demands, or liabilities arising out of or in any way related to such investigation or disclosure.

___ I understand that nothing contained in the application or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and the company. In addition, I understand and agree that if I am employed, I am employed "at-will", meaning that my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either the company or me, and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by the company President and by me.

___ I understand that my employment with the Company shall be probationary for a period of ninety (90) days, and that at any time during the probationary period or thereafter, my employment relation with the Company is terminable at will for any reason by either party.

Signature _____ Print Name _____ Date _____

This Company is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications.

Thank you for completing this application form and for your interest in our business.