

EMPLOYMENT APPLICATION

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital, or veteran status, the presence of a non-job related medical condition or handicap, or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For		Date of Application		
How Did You Learn About Us?				
Advertisement	Friend	Walk-In		
Employment Agency	Relative	Other		
Last Name		First Name		Middle Name
Address Number	Street	City	State	Zip Code
Telephone Number(s)		Social Security Number		

If you are under 18 years of age, can you provide required proof of 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 _____

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? Yes No

Proof of Citizenship or immigration status will be required upon employment.

On what date would you be available for work? _____

Are you available to work: Full Time Part Time Shift Work Temporary

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

Can you travel if a job requires it? Yes No

Proof of current driver's license and vehicle insurance will be required upon employment.

Have you been convicted of a felony or misdemeanor? Yes No

If yes, please explain

Have you ever been convicted of criminal sexual conduct that you are required to register/notify the local law enforcement agency of your address? Yes No

Conviction will not necessarily disqualify an applicant from employment.

If yes, please explain

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EDUCATION

	Elementary School	High School	Undergraduate College/University	Graduate/Professional
School's Name and Location				
Years Completed	5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree				
Describe Course of Study				
Describe any specialized training, apprenticeship, skills and extra-curricular activities				
Describe any honors you have received				
State any additional information you feel may be helpful to us in considering your application				

Indicate any foreign languages you can speak, read and/or write

	Fluent	Good	Fair
Speak			
Read			
Write			

List Professional, Trade, Business, or Civic Activities and Offices Held.

You may exclude membership which would reveal sex, race, religion, national origin, age, ancestry, handicap or other protected status:

Professional References

Give name, address and telephone number of three references who are previous employers and are **not** related to you

- 1 _____
- 2 _____
- 3 _____

Personal References

Give name, address and telephone number of three references who are **not** related to you and are **not** previous employers

- 1 _____
- 2 _____
- 3 _____

Have you ever had any job-related training in the United States Military? Yes No
 If yes, please describe

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CRIMINAL HISTORY SEARCH AUTHORIZATION

I, _____ understand that a Criminal History Search will be conducted on me for the purpose of employment. I agree to allow the release of any criminal data on my file to DTN Management Co.

First Name M.I. Last Name

Street Address, Apartment Number, PO Box

City State Zip Code

____ - ____ - ____
Social Security Number

____ - ____ - ____
Driver's License Number

____ / ____ / ____
Date of Birth

Employee Signature Date

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NOTIFICATION AND AUTHORIZATION FORM FOR EMPLOYEE CREDIT REPORT

I authorize DTN Management Co. to obtain a credit report on myself through the credit reporting agency of its choice. If employed, I further authorize DTN Management Co. to check my credit record, as needed, on a continuing basis as it relates to my employment.

If an adverse decision concerning employment is made due to totally or partially to the information on the credit report, DTN Management Co. will give me a copy of the credit report, a summary of my rights under the Fair Credit Reporting Act, and the source of the credit report so that I may contact them if I wish.

Name

Date

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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, handicap or other protected status.

Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)	Hourly Rate/Salary		
Job Title	Starting	Final	
Supervisor			
Reason for leaving			
Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)	Hourly Rate/Salary		
Job Title	Starting	Final	
Supervisor			
Reason for leaving			
Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)	Hourly Rate/Salary		
Job Title	Starting	Final	
Supervisor			
Reason for leaving			

Special Skills and Qualifications

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

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APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I further authorize you to make a thorough credit investigation.

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 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" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such a change is specifically acknowledged in writing 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

Interviewer

Date

Employed

Yes No

Date of Employment

Job Title

Hourly Rate/Salary

Department

By

Name and Title

Date

Notes

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