



Application for Employment

An Equal Opportunity Employer

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a disability, or any other legally protected status.

Please Print

Last Name:		First Name:		Date:	
Present Address					
Address:		City:		State:	
Cell Phone:		Home Phone:		Email:	
If hired, would you have a reliable means of transportation? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Driver's license number (Driving will be required):			State:	Class:	
Employment Desired					
Position applying for:			Desired Salary:		
How did you learn about us? <input type="checkbox"/> Advertisement <input type="checkbox"/> Friend Walk-in <input type="checkbox"/> Employment Agency <input type="checkbox"/> Relative <input type="checkbox"/> Other:					
Are you applying for: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary			If hired, what date can you start work?		
Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you currently on "lay-off" status and subject to recall? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you at least 18 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No (If under 18, hire is subject to verification that you are of minimum legal age.)					
Have you ever applied to work for us before? <input type="checkbox"/> Yes <input type="checkbox"/> No			Have you ever been employed for us before? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Do you wish to identify? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If no, describe the functions that cannot be performed.					

(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination, and to skill and agility tests.)					
We may refuse to hire relatives of present employees if doing so could result in actual or potential problems in supervision, security, safety, or morale, or if doing so could create conflicts of interest.					

Education, Training, and Experience

School	High School	Undergraduate College/University	Graduate/Professional
Name			
Location			
Years Completed			
Did you graduate?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Diploma/Degree			
Course of Study			

Describe any specialized training, apprenticeship, skills and extracurricular activities.

Describe any honors you received.

Do you have any other experience, training, qualifications, or skills that you feel make you especially suited for work at D'Veal? Yes No If so, please explain?

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

Language:		Speak: <input type="checkbox"/> Fluent <input type="checkbox"/> Good <input type="checkbox"/> Fair	Read: <input type="checkbox"/> Fluent <input type="checkbox"/> Good <input type="checkbox"/> Fair	Write: <input type="checkbox"/> Fluent <input type="checkbox"/> Good <input type="checkbox"/> Fair
Language:		Speak: <input type="checkbox"/> Fluent <input type="checkbox"/> Good <input type="checkbox"/> Fair	Read: <input type="checkbox"/> Fluent <input type="checkbox"/> Good <input type="checkbox"/> Fair	Write: <input type="checkbox"/> Fluent <input type="checkbox"/> Good <input type="checkbox"/> Fair
Language:		Speak: <input type="checkbox"/> Fluent <input type="checkbox"/> Good <input type="checkbox"/> Fair	Read: <input type="checkbox"/> Fluent <input type="checkbox"/> Good <input type="checkbox"/> Fair	Write: <input type="checkbox"/> Fluent <input type="checkbox"/> Good <input type="checkbox"/> Fair

List professional, trade, business or civic activities and offices held.

Licensure

Answer the following questions if you are applying for a professional position.

Are you licensed for the job applied? Yes No

Name of license: _____

License number: _____ Issue Date: _____ Valid Until: _____

Has your license ever been revoked or suspended? Yes No

If yes, state reason(s), date of revocation or suspension, and date of reinstatement.

Employment History

List below all present and past employment starting with your most recent employer.

You must complete this section even if attaching a resume.

Name of Employer: _____

Job Title: _____ Dates of Employment: From: _____ To: _____

Supervisor's Name: _____ Phone Number(s): _____

Address: _____

Duties:

Reason for leaving: _____

Name of Employer: _____

Job Title: _____ Dates of Employment: From: _____ To: _____

Supervisor's Name: _____ Phone Number(s): _____

Address: _____

Duties:

Reason for leaving: _____

Name of Employer: _____

Job Title: _____ Dates of Employment: From: _____ To: _____

Supervisor's Name: _____ Phone Number(s): _____

Address: _____

Duties:

Reason for leaving: _____

Employment History, continued

Name of Employer:				
Job Title:		Dates of Employment:	From:	To:
Supervisor's Name:		Phone Number(s):		
Address:				
Duties:	<hr/> <hr/> <hr/>			
Reason for leaving:				

Name of Employer:				
Job Title:		Dates of Employment:	From:	To:
Supervisor's Name:		Phone Number(s):		
Address:				
Duties:	<hr/> <hr/> <hr/>			
Reason for leaving:				

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

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

References

List below three persons who are not related to you and are not previous employers.

Name: Occupation: No. of Years Acquainted: Phone Number(s): Address: Name: Occupation: No. of Years Acquainted: Phone Number(s): Address: Name: Occupation: No. of Years Acquainted: Phone Number(s): Address:

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Applicant's Statement

_____ I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for
Initials 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
omission or misstatement of material fact on this application or on any document used to secure employment
shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the
time elapsed before discovery.

_____ I understand that nothing contained in the application, or conveyed during any interview which may be granted
Initials 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, 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
myself or the Company, and that no promises or representations contrary to the foregoing are binding on the
company unless made in writing and signed by me and the Company's designated representative.

_____ In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the
Initials United States and to complete the required employment eligibility verification document form upon hire.

Applicant's Signature

Date

Name: _____

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