We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

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	(PLEAS	SE PRINT)		
Position(s) applied for:		Date of application	n:	
How did you learn about us?				
Advertisement	Relative	🗌 Inquiry		
Employment Agency	Friend	Other		
Last Name:	First Name:	Middle N	ame:	
Address:	City:	State:	Zip Code:	
Home Phone: ()	Cell Phone: ()	Emai <u>l:</u>		
Best time to contact you at home	is		: 🗆 A.M.	□ P.M.
If you are under 18 years of age, can you provide required proof of your eligibility to work? \Box YES			🗌 YES	🗌 NO 🗌 N/A
Have you ever filed an application with us before?			YES	□ NO
If yes, please provide dat	e:			
Have you ever been employed with us before?			YES	□ NO
If yes, please provide dat	e:			
Do any of your friends or relatives, other than your spouse, work here?			□ NO	
Are you currently employed?			YES	
May we contact your present employer? 🗌 YES 🛛 🗋				
Are you prevented from lawfully Proof of citizenship or immigration				□ NO
Date available for work:/	/ What is your desired sa	lary range?		
Are you available to work: \Box	Full-Time			
	Part-Time (please indicate:	🗌 Mornings 🗌 A	Afternoons 🗌	Evenings)
	Temporary (please indicate dat	tes available: <u>(//</u>	//)
Are you currently on "lay-off" status and subject to recall?			NO	
Can you travel if a job requires it? \Box YES \Box NO				

WE ARE AN EQUAL OPPORTUNITY EMPLOYER



EDUCATION	Name and Address of School	Course of Study	Years Completed	Diploma Degree
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

Describe any job-related training received.



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, disabilities or other protected status.

1 Employer:	Address:		
Phone Number:	Job Title:	Supervisor:	
Reason for Leaving:			
Dates Employed:	+	ourly Rate/Salary: Starting:	Final <u>:</u>
Work Performed:			
2 Employer:	Address:		
Phone Number:	Job Title:	Supervisor:	
Reason for Leaving:			
Dates Employed:	F	ourly Rate/Salary: Starting:	Final:
Work Performed:			
3 Employer:	Address:		
Phone Number:	Job Title:	Supervisor:	
Reason for Leaving:			
Dates Employed:	F	ourly Rate/Salary: Starting:	Final:
Work Performed:			
4 Employer:	Address:		
Phone Number:	Job Title:	Supervisor:	
Reason for Leaving:			
Dates Employed:	F	ourly Rate/Salary: Starting:	Final:
Work Performed:			
lf	you need additional space, plea	se continue on a separate sheet of pa	per.

List professional, trade, business or civic activities and offices held. You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.



ADDITIONAL INFORMATION

Other Qualifications:

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

State any additional information you feel may be helpful to us in considering your application.

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of the activities involved in such a job or occupation has been given.

□ YES □NO

REFERENCES

1) Name:	Phone: ()
Address:		
2) Name:	_ Phone: ()
Address:		
3) Name:	Phone: ()
Address:		

Date

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete.

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Signature of Applicant

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I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

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 this 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 change is specifically acknowledged in writing by 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.

FOR PERSONNEL DEPARTMENT USE ONLY			
Arrange Interview: 🗌 Yes Remarks:	🗌 No		
	Interviewer		Date
Employed: 🗌 Yes 🗌 No		Date of Employment:	
Job Title:		_ Hourly Rate/Salary:	
Department:			
Ву:			
	Name and Title		Date