



Employment Application

Equal Opportunity Employer

Personal Information Date: ____/____/____

Full Name

First Middle Last Nickname

Social Security Number: _____ Telephone Number _____

Current Address:

Street Apt # or Postal Code

City State Zip

Email address _____

Position(s) applying for _____ Salary Requested: _____

Available Start Date _____ Days and Hours Available _____

EMERGENCY INFORMATION

Emergency Contact _____ Phone () _____

Relationship _____

EDUCATION

Years of education completed: _____

School or College _____ Location _____

Major _____ Date Completed _____

WORK HISTORY

List each job held, including military service. Begin with your present or most recent job first.

Employer _____ Phone _____

Address

Street City State Zip

Position _____ Supervisor _____ Phone _____

Salary _____ /Ending _____ Employment Dates: From _____ To _____

Describe your duties and responsibilities:

Reason for leaving

Can we contact this employer for a reference? _____ YES _____ NO

Employer _____ Phone _____

Address

Street City State Zip

Position _____ Supervisor _____ Phone _____

Salary _____ /Ending _____ Employment Dates: From _____ To _____

Describe your duties and responsibilities:

Reason for leaving

Can we contact this employer for a reference? _____ YES _____ NO

Employer _____ Phone _____

Address

Street City State Zip

Position _____ Supervisor _____ Phone _____

Salary _____ /Ending _____ Employment Dates: From _____ To _____

Describe your duties and responsibilities:

Reason for leaving

Can we contact this employer for a reference? _____ YES _____ NO

Have you ever been discharged or asked to resign any position? _____ YES _____ NO If yes, please explain where and why:

PERSONAL REFERENCES (Co-Workers, Friends Etc.)

Name Address Phone

Relationship Occupation

Name Address Phone

Relationship Occupation

PROFESSIONAL REFERENCES (Former Employers or Supervisors)

Name Address Phone

Relationship Occupation

Name Address Phone

Relationship Occupation

Name Address Phone

Relationship Occupation

SPECIAL SKILLS AND TRAINING

List special training, technical skills, programming languages, or business machines you can operate:

Other languages: Spoken _____ Written _____

DRIVING RECORD INFORMATION

License Number _____ State _____ Expiration Date _____

Has license ever been suspended or revoked? _____ Reason _____

MILITARY INFORMATION

Branch _____ Dates of Service _____

CRIMINAL HISTORY INFORMATION

Have you ever been convicted of a felony or misdemeanor, which has not been dismissed or nullified by a court? _____ YES _____ NO

If yes, state the nature of the case, when, where and disposition of case:

FOR EMPLOYMENT WITH DIMPLES

Instructions

Please read and complete your application carefully. Your qualifications will be carefully reviewed and you will be considered for suitable vacancies in the company. If you are employed, this application will become a part of your personnel record. Keep this in mind as you fill it out. You are reminded that you are not required to give any information prohibited by Federal, State or Local law.

No question on this application is asked for the purpose of limiting or excluding consideration of persons for employment because of race, religion, color, sex, disability or handicap, national origin, veterans' status, or age, as may be provided by Federal, State or Local law.

UNCONDITIONAL RELEASE

I understand that I may be subject to immediate termination in the event any statement in this application is discovered to be false.

I agree to comply with all the rules of this Company. I hereby affirm and declare that all statements are true and correct, and that I have not knowingly withheld any fact that would, if disclosed, affect my application unfavorably. I hereby authorize the Company to conduct any investigation it deems necessary of the information in this application. I also hereby authorize this Company to release such information, together with their opinions on these matters, without any liability for any damage whatsoever caused either directly or indirectly by giving such information or opinions. I authorize any former employer, present employer, school, college or university, railroad, common carrier, utility company, personal reference and/or any other person or persons to give any information they may have concerning my character and employment record. I hereby unconditionally release any named or unnamed informant from any and all liability resulting from the furnishing of this information.

I understand that employment by the Company is conditioned on submission by me of verification of my legal right to work in the United States as required by Federal Law.

I understand that periodic personnel interviews are administered to all Dimples employees by our Company management or an authorized representative. The interview will cover areas of morale, attitude toward the Company, suggested changes in policy and procedures, as well as input regarding the effectiveness of management. The Company encourages open, honest communication through participation in these interviews.

I further understand that Dimples sometimes uses a polygraph procedure in connection with an ongoing investigation involving economic loss or injury to Dimples business, such as theft, embezzlement, misappropriation, or an act of unlawful industrial espionage or sabotage.

I understand Dimples is an "at will" employer and Dimples or the employee can terminate employment at any time for any reason.

I understand that as a condition of employment, I may be required to undergo and successfully pass a screening for alcohol and/or drugs. I also understand and agree that, if employed, I may be required to submit to an alcohol or drug screening at any time at the discretion of Dimples. I hereby consent to having the results of any such alcohol or drug screening I may be required to undergo disclosed to Dimples.

Applicant's signature to application and agreement of above Date

Corporate Office Only

Date of Hire _____ Rate of Pay _____