



C o m p o n i e s

Application for Employment

An Equal opportunity Employer

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regards to race, color, religion, sex, national origin, age, marital status, veteran status, non-job related disability, or any other protected group status.

(PLEASE PRINT)

Position(s) Applied For	Date of Application
How Did You Learn About Us? (Check one)	
<input type="checkbox"/> Walk-In <input type="checkbox"/> Job Posting - Please specify _____ <input type="checkbox"/> School - Name _____	
<input type="checkbox"/> DMI Website <input type="checkbox"/> Recruiting Firm <input type="checkbox"/> Referral - (by) _____	
<input type="checkbox"/> Other - Please specify _____	

Last Name	First Name	Middle Name
Address	Number	Street
	City	State
	Zip Code	
Telephone Number (s)		Email Address

Have you ever filed an application, or worked with us before? Yes No If yes, date _____

Are you currently employed? Yes No

On what date would you be available for work? _____ Salary desired: _____

Are you available to work: Full-Time Part-Time

For which shifts are you available: Any Day Afternoon Night Rotating
(Check all that apply)

Do you have reliable transportation to work? Yes No

Are you 18 years of age or older? Yes No

Are you eligible for employment in this country?

Proof of citizenship or immigration status will be required upon employment. Yes No

EDUCATION

	SCHOOL NAME AND LOCATION	DID YOU GRADUATE? IF SO, DEGREE EARNED	MAJORS/SUBJECT OF STUDY
HIGH SCHOOL			
COLLEGE/UNIVERSITY			
SPECIALIZED TRAINING/TRADE SCHOOL/ETC.			
OTHER EDUCATION			

EMPLOYMENT - START WITH PRESENT OR MOST RECENT EMPLOYER

Dates Employed (Mo. / Yr.) From:	To:	Employer's Name & Address:
Supervisor's Name, Title & Phone #:		
Job Title Starting:	Job Title Ending:	
Summarize the type of worked performed (i.e. duties, tools/software used, responsibilities, etc.)		
Reason for Leaving:		
May we contact this employer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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Reason for Leaving:		
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		

If you have more work experience, please attach a resume or additional pages.

ADDITIONAL DATA

MILITARY

Did you serve in the military? Yes No

If yes please complete below.

Dates of Service (Mo. & Yr.)		Type of Discharge	Current Status
From:	To:		
List duties, skills, training, awards and promotions			

REFERENCES

Name	Phone # ()
Relationship to you	Years Known

Name	Phone # ()
Relationship to you	Years Known

APPLICANT'S CERTIFICATION AND AGREEMENT

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge and authorize DMI Companies to verify their accuracy and to obtain reference information on my work performance. I hereby release DMI Companies from any/all liability of whatever kind and nature which, at any time, could result from obtaining and having an employment decision based on such information.

I understand that, if employed, falsified statements of any kind or omissions of facts called for on this application shall be considered sufficient basis for dismissal.

I understand that should an employment offer be extended to me and accepted, I will fully adhere to the policies, rules and regulations of employment of the Employer. However, I further understand that neither the policies, rules or regulations of employment nor anything said during the interview process shall be deemed to constitute the terms of an implied employment contract. I understand that any employment offered is for an indefinite duration and at will and that either I or the Employer may terminate my employment at any time with or without notice or cause.

_____ Signature of Applicant	_____ Date
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