

Personal Information:

Last Name, First Name, Middle Initial:		Any other name(s):		Social Security No:	
Present Address:		City:		State:	
Phone Number(s):		Referred by:			

Employment Desired:

Position:		Date you can start:		Salary Desired:	
Are you currently employed? Yes No		If so, may we contact your current employer? Yes No			
Have you ever applied/worked at this company before? Yes No		When?			
Are you @ least 18 yrs of age? Yes No		Do you have the legal right to work in the US? Yes No			
Have you ever been convicted of a felony? Yes No					
If yes, Date of conviction:		Nature of conviction:			

For Driving positions: Have you had a valid CDL Driver's License for at least five years? Yes No

Driver's License Number:

Education History:

Name & Location of School:	Years Attended:	Did you Graduate?	Subjects Studied:
High School:			
College:			
Trade or Business School:			

Former Employers Information (List below former employers, start with the most recent)

Dates Month & Year	Name & Address	Phone & Supervisor	Salary	Position	Reason for leaving	Job Duties
From:						
To:						
From:						
To:						
From:						
To:						

Dates Month & Year	Name & Address	Phone & Supervisor	Salary	Position	Reason for leaving	Job Duties
From:						
To:						
From:						
To:						

General Information:	
List any reasons for gaps in employment dates (I.e., school, unemployed):	
Special Training, Skills or Studies:	
U.S. Military or Naval Service:	Rank:

References: (Give below the names of three persons not related to you, whom you have known at least one year)

Name:	Address & Phone:	Business & Relationship:	Years Known:

Authorization:
 "I certify that answers given herein are true and complete to the best of my knowledge, and understand that, if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I authorize any background checks that may be needed, and or required, by customers of DT & Divisions thereof. I release DT & divisions thereof from all liability for any damage that may result from utilization of such information. I also understand that all employment offers are contingent on the applicant's favorable drug & alcohol screen.
 In the event of employment, I understand that false or misleading information given in my interview(s) may result in discharge. I understand, also that I am required to abide by all rules and regulations of the employer. I also understand and agree that no representative of the company(s) has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative. I also understand that this application is by no means a contract of employment."
 This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and/or other relevant federal and state laws.
Signature: _____ **Date:** _____