



## Application for Employment

APPLICANT NOTE: This Employment Application is intended for use in evaluating your qualifications for employment. It is not an employment contract. Please answer all questions completely and to the best of your ability. False or misleading statements are grounds for denying employment or termination of employment and benefits. It is the policy of this Company as an Equal Opportunity Employer to ensure that there shall be no discrimination against any employee or applicant for employment on the basis of citizenship, immigration status, sex, age, race, national origin, religion, disability, genetic information, sexual orientation, gender identity, including transgender status, marital status, veteran status or any protected characteristic.

### COMPLETE ALL QUESTIONS; PLEASE PRINT CAREFULLY

#### Personal Data

NAME (Last)	First	Middle	Social Security Number
LIST ANY OTHER NAMES used in past 7 years		EMAIL ADDRESS	
HOME ADDRESS (Number & Street)		City	State      ZIP
HOME Phone (with area code)	Daytime Phone (with area code)	May we contact you at work? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Years At Current Address	If less than 7 years, list all other cities and states in which you lived during the past 7 years.		
Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you legally eligible for employment in this country? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Proof of eligibility will be required upon employment.)</i>	

Were you referred by a current DLP Employee? <input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, who was it?		
Have you ever been employed here previously? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If YES, complete information below.</i>	If YES, in what year?		
Position(s) Held	Reason for Leaving		
Do you have any relatives presently employed here? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If YES, complete information below.</i>			
Name	Relation	Job Title	Location

#### Position

Position Desired	Salary Expected \$                      /Month	What date are you available?
Are you applying for <input type="checkbox"/> Full Time or <input type="checkbox"/> Part Time <i>If Part Time, what hours?</i>		
Will you work overtime if asked? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you willing to travel? <input type="checkbox"/> Yes <input type="checkbox"/> No		<i>If YES, any restrictions?</i>
Are you willing to relocate? <input type="checkbox"/> Yes <input type="checkbox"/> No		<i>If YES, any restrictions?</i>
Are you subject to any contractual restrictions that would prevent, or interfere with, you accepting the position or performing the duties of this position? <input type="checkbox"/> Yes <input type="checkbox"/> No		

**Employment History** (Must be filled out completely; DO NOT WRITE "See Resume")

<b>PRESENT OR LAST EMPLOYER</b>  May we Contact for a Reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Company Name</i>		<i>From (month/year)</i>		<i>To (month/year)</i>	
	<i>City &amp; State Where Located</i>		<i>Phone No. (with area code)</i>		<i>Type of Business</i>	
	<i>Position Title</i>		<i>Reason for Leaving</i>		<i>Ending Salary</i> \$	
	<i>Name of Supervisor</i>		<i>Title of Supervisor</i>		<i>Are you eligible for rehire?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>2ND PREVIOUS EMPLOYER</b>	<i>Company Name</i>		<i>From (month/year)</i>		<i>To (month/year)</i>	
	<i>City &amp; State Where Located</i>		<i>Phone No. (with area code)</i>		<i>Type of Business</i>	
	<i>Position Title</i>		<i>Reason for Leaving</i>		<i>Ending Salary</i> \$	
	<i>Name of Supervisor</i>		<i>Title of Supervisor</i>		<i>Are you eligible for rehire?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>3RD PREVIOUS EMPLOYER</b>	<i>Company Name</i>		<i>From (month/year)</i>		<i>To (month/year)</i>	
	<i>City &amp; State Where Located</i>		<i>Phone No. (with area code)</i>		<i>Type of Business</i>	
	<i>Position Title</i>		<i>Reason for Leaving</i>		<i>Ending Salary</i> \$	
	<i>Name of Supervisor</i>		<i>Title of Supervisor</i>		<i>Are you eligible for rehire?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>4TH PREVIOUS EMPLOYER</b>	<i>Company Name</i>		<i>From (month/year)</i>		<i>To (month/year)</i>	
	<i>City &amp; State Where Located</i>		<i>Phone No. (with area code)</i>		<i>Type of Business</i>	
	<i>Position Title</i>		<i>Reason for Leaving</i>		<i>Ending Salary</i> \$	
	<i>Name of Supervisor</i>		<i>Title of Supervisor</i>		<i>Are you eligible for rehire?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>5TH PREVIOUS EMPLOYER</b>	<i>Company Name</i>		<i>From (month/year)</i>		<i>To (month/year)</i>	
	<i>City &amp; State Where Located</i>		<i>Phone No. (with area code)</i>		<i>Type of Business</i>	
	<i>Position Title</i>		<i>Reason for Leaving</i>		<i>Ending Salary</i> \$	
	<i>Name of Supervisor</i>		<i>Title of Supervisor</i>		<i>Are you eligible for rehire?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	

**Military Service**

Have you ever served in the U.S. Military? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, give branch of service and rank.</i>	
Branch of Service _____	Rank _____

## Security Clearance

Have you ever been granted a security clearance for access to classified matter by the military services, Department of Defense, Department of Energy, or any other government agency?     Yes     No

If YES, complete the following relative to your last clearance:

Level of clearance \_\_\_\_\_

Date of Clearance \_\_\_\_\_

By whom granted \_\_\_\_\_

Employer \_\_\_\_\_

## Education (If diploma or degree was received under a different name, please include.)

School	Name of School – City & State Where Located	Degree Received	Year Received	Dates of Attendance	Major & Minor Fields of Study
High School			<b>Do Not Complete</b>		
College					
Other, including GED					

## Additional Qualifications

Professional licenses, registrations or certifications currently held. List, including state of issuance and expiration date.

Languages in which you are fluent other than English.

List additional relevant skills or abilities.

## Professional References (List individuals familiar with your work; do not include relatives.)

Name	City & State	Phone (Preferably Day Time)	Occupation

I certify that I have read and understand the "Applicant Note" on Page One of this form and that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omission or misrepresentations of the facts called for in this application may result in rejection of my application or discharge at any time during my employment. I authorize DLP Services and/or its agents including consumer-reporting companies to verify any of this information. I authorize all persons, schools, companies, law enforcement agencies, and consumer reporting bureaus to release any and all information regarding my background. I expressly release these persons from any and all liability in furnishing responses to DLP Services inquiries, and I releases DLP Services from any and all liability, including liability for alleged negligence, related to its inquiries to those identified on this application and its use of information provided by those persons.

I understand and agree that, if employed, my employment is for no definite period and that I may be terminated at any time without any prior notice, regardless of the date of payment of my wages or salary.

**APPLICANT'S SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_