# **Employment Application**

Date of Application	Position	on(s) Applied For_		
	Advertisement Friend	Employm Relative	ent Agency	Other Walk-In
Personal Information:				
Name:	FIRST		MIDDLE	
Address:	STREET	CITY	STATE	ZIP CODE
Геlephone ()	Social	Security Number_		
Have you filed an applicat Have you ever been emplo				
Are you employed now? Y				yer? YesNo
Are you legally eligible to (Proof of citizenship or immign			h proof? Yes _	No
On what date would you b	e available for work?			
Are you available to work	(Circle One) <u>Ful</u>	ll Time Part-T	<u> ime</u>	
Can you travel if a job req	uires it? YesNo	_ <del></del>		
Indicate what languages yo	ou speak, read, and/or wr	ite.		
	Fluent	Good	Fair	

	Fluent	Good	Fair
Speak			
Read			
Write			

Professional Affiliations: List professional, trade, business or civic activities and offices held. (You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, or handicap or other protected status):							
							- - -
Referen Give nan employer	ne, address, and te	lephone number	of three referenc	es that are	not related to yo	u, they can be fo	ormer
	Name	Address	Phone	Number	Relationship/ Occupation	Years Known	1
					_		
	Skills and Qualize special skills a		acquired from e	mploymen	t or other experie	nce:	
	Skill		Last used	Skill lev	el*		

Skill	Last used	Skill level*	

<sup>\*</sup> Beginner, Intermediate, Expert. Some of these skills you may be tested on.

Employment Experience
Start with your present or last job. Include military service assignments and volunteer activities. You may exclude organization names, which indicate race, color, religion, gender, national, origin, handicap, or other protected status.

Company Name	Employment Dates From To	Salary Start / End	Name and Title of Supervisor
Phone	Describe your dutie	s:	
Reason for leaving			
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Reason for leaving	''		
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Reason for leaving			
Reason for leaving  Company Name	Employment Dates From To	Salary Start / End	Name and Title of Supervisor
	1 2	Start / End	Name and Title of Supervisor

# Education

	Name and Location of School	Course of Study or Major	# of Years Completed	Diploma/ Degree
Elementary				
High School				
College				
Graduate				
Vocational				
Special Training Apprenticeships or workshops				

## APPLICANT ACKNOWLEDGEMENT AND AUTHORIZATION

### \*PLEASE READ CAREFULLY BEFORE SIGNING\*

I hereby certify that all of the information provided by me in this application (or any other accompanying or required documents) is correct, accurate, and complete to the best of my knowledge. I understand that the falsification, misrepresentation, or omission of any facts in said documents will be cause for denial of employment or immediate termination of employment regardless of the timing or circumstances of discovery.

I understand that submission of an application does not guarantee employment. I further understand that, should an offer of employment be extended that such employment is at will, for no specified duration and may be terminated by either DIMEO PROPERTIES or myself at any time, with or without cause or notice.

In consideration for employment, if employed, I agree to conform to the rules, regulations, policies and procedures of DIMEO PROPERTIES at all times and understand that such obedience is a condition of employment. I understand that attendance and punctuality are considered essential requirements of every job at DIMEO PROPERTIES and that poor attendance or tardiness will result in disciplinary action.

I understand that if offered a position, I may be required to submit to a pre-employment medical examination, drug screening and background check as a condition of employment. I understand that unsatisfactory results from, refusal to cooperate with, or any attempt to affect the results of these pre-employments tests and checks will result in withdrawal of any employment offer or termination of employment if already employed.

I herby authorize any and all schools, former employers, references, courts and any others who have information about me to provide such information to DIMEO PROPERTIES and/or any of its representatives, agents or vendors and I release all parties involved from any and all liability for any and all damage that may result from providing such information.

BY SIGNING BELOW I ACKNOWLEDGE THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ABOVE STATEMENTS.

Signature

Date

Name and number of person completing this form if other than applicant: \_\_\_\_\_

DIMEO PROPERTIES IS PROUD TO BE AN EQUAL OPPORTUNITY EMPLOYER. ALL QUALIFIED APPLICANTS WILL RECEIVE CONSIDERATION WITHOUT REGARD TO RACE, COLOR, RELIGION, GENDER, NATIONAL ORIGIN, AGE, DISABILITY, VETERAN STATUS, OR ANY OTHER STATUS PROTECTED BY LAW.

For Personnel Depart	rtment Use Only	
Arrange Interview: Yes	sNo	
Remarks:		
INTERVIEWER DATI	 E:	
		Date of Employment
Hourly Rate/	Full/Part Time	
By		
NAME	TITLE	DATE