



Application for Employment

Personal Information:

Applicant's Name:		Date:	
Address:	City:	State:	Zip:
Telephone Number: () -		Social Security Number:	
Position(s) Applying For:			

Please Check a Response:

Are you at least 18 years of age?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever worked at D.D. Bean & Sons before?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have daily transportation to and from work?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Please check the shift(s) you are able to work:

<input type="checkbox"/> 1st Shift (5am - 3pm)	<input type="checkbox"/> 2nd Shift (3pm - 1am)
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Have you ever been convicted of a felony in the last seven years? (such conviction may be relevant if job related, but does not bar you from employment)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Drivers License Number (truck driver applicants only):
Name(s) of relative employed by this Company:
How were you referred to this Company?

Education:

Highest years completed:	High School: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	Trade or Technical: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	College: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	Major Areas of Study: _____
Name of last school attended:	City:			

Personal References (list three) :

1. Name:	Phone Number: () -
Address:	City: State: Zip:
2. Name:	Phone Number: () -
Address:	City: State: Zip:
3. Name:	Phone Number: () -
Address:	City: State: Zip:

Previous Employers (please complete in detail, starting with most recent position) :

Employer:	Employment Dates:	to	
Address:	City:	State:	Zip:
Supervisor:	Phone Number: ()	-	
Reason for Leaving:	Base Starting Salary: \$	Ending: \$	
Briefly describe your duties:			

Employer:	Employment Dates:	to	
Address:	City:	State:	Zip:
Supervisor:	Phone Number: ()	-	
Reason for Leaving:	Base Starting Salary: \$	Ending: \$	
Briefly describe your duties:			

Employer:	Employment Dates:	to	
Address:	City:	State:	Zip:
Supervisor:	Phone Number: ()	-	
Reason for Leaving:	Base Starting Salary: \$	Ending: \$	
Briefly describe your duties:			

Please describe any apprenticeships, skills, and/or experiences that may be relevant to the job for you which you are applying:

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Are you physically capable of performing the essential functions of the job for which you are applying?

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Voluntary Information:

Have you ever served in the armed services? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please complete the following:)
Branch of Service: Date Entered: Date Discharged:
Final Rank:
Service schools or special training/experience:

Signature:

I hereby certify that the answers given to the foregoing statements are true and correct and if employment is obtained under this application, I will comply with all rules and regulations of this Company. I agree to submit to a job relevant physical examination if employment is offered and understand that employment is contingent upon passing the physical exam. I also understand that my employment depends upon verification that my age meets the legal requirements of the state.

I authorize my former employer(s), as indicated above, to disclose any information regarding my employment and release them and their Company of all liability for any damage for issuing same. If, upon investigation, any of the facts contained in this application are found to be untrue, I understand I will be subject to dismissal.

Signature of Applicant

Voluntary Affirmative Action Information

Date:	Position(s) Applied For:			
Referral Source:	<input type="checkbox"/> Advertisement	<input type="checkbox"/> Employee	<input type="checkbox"/> Private Employment Agency	<input type="checkbox"/> Website
	<input type="checkbox"/> Walk-In	<input type="checkbox"/> Relative	<input type="checkbox"/> Government Employee	<input type="checkbox"/> Other: _____

Applicant's Name:			
Address:	City:	State:	Zip:

As required, we comply with government regulations including Affirmative Action obligations where they apply. In an effort to comply with requirements regarding government record keeping, reporting, and other legal obligations, we ask that you complete this applicant data survey. Your cooperation is appreciated.

Please be advised that your survey is not a part of your official application for employment. It is considered confidential information that will not be used in any hiring decision.

Please check one:	<input type="checkbox"/> Male	<input type="checkbox"/> Female
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Check one of the following race/ethnic groups:

<input type="checkbox"/> American Indian or Alaskan Native: A person having origins in any of the original peoples of North America and South America (including Central America), and who maintains tribal affiliation or community attachment.
<input type="checkbox"/> Asian: A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
<input type="checkbox"/> Black or African American: A person having origins in any of the Black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black or African American".
<input type="checkbox"/> White: A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.
<input type="checkbox"/> Hispanic or Latino (White race only): A person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, and of any race other than White.
<input type="checkbox"/> Hispanic or Latino (all other races): A person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, and of any race other than White.

Special notice to Vietnam veterans, disabled era veterans and individuals with physical or mental disabilities:

Government contractors subject to Vietnam Era Veterans Readjustment Act of 1974 and the Rehabilitation Act of 1973 are required to take affirmative action to employ and advance in employment qualified disabled veterans and veterans of the Vietnam Era, and qualified individuals with disabilities.

You are invited to volunteer this information. If you qualify, we will assist in proper placement and determining reasonable accommodation. This information will be considered confidential, and refusal to provide this information will not adversely affect your consideration for employment.

If you wish to be so identified, please check if any of the following are applicable:

<input type="checkbox"/> Vietnam Era Veteran	<input type="checkbox"/> Special Disabled Veteran	<input type="checkbox"/> Other Eligible Veterans	<input type="checkbox"/> Individual with a Disability
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To be completed by applicant - Not for Interview Purposes - To be filed separately from application.