

# D & J ENTERPRISES, INC.

3495 Lee Road 10 ▪ Auburn, AL 36832  
(334) 821-1249 ▪ FAX (334) 821-5227

## APPLICATION FOR EMPLOYMENT

PLEASE PRINT

Position(s) applied for \_\_\_\_\_ Date of application \_\_\_\_/\_\_\_\_/\_\_\_\_

Referral Source  Advertisement  Employee  Relative  Govt. Employee Agency  
 Walk-in  Private Employment Agency  Other \_\_\_\_\_

Name of Source (if applicable) \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Social Security Number \_\_\_\_\_

If necessary, best time to call you at home is \_\_\_\_\_ : \_\_\_\_\_ am/pm

May we contact you at work? \_\_\_\_\_  Yes  No

If yes, work number and best time to call \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ : \_\_\_\_\_ am/pm

If you are under 18, can you furnish a work permit? \_\_\_\_\_  Yes  No

Have you filed an application here before? \_\_\_\_\_  Yes  No

If yes, give date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Have you ever been employed here before? \_\_\_\_\_  Yes  No

If yes, give dates \_\_\_\_\_ From \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ To \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Are you legally eligible for employment in this country? \_\_\_\_\_  Yes  No

**(Proof of U.S. Citizenship or immigration status will be required upon employment.)**

Date available for work \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Type of employment desired  Full-Time  Part-Time  Temporary  Seasonal  Educational Co-Op

Are you on lay-off and subject to recall? \_\_\_\_\_  Yes  No

Will you relocate if job requires it?  Yes  No Will you travel if job requires it? \_\_\_\_\_  Yes  No

Are you able to meet the attendance requirements of the position? \_\_\_\_\_  Yes  No

Will you work overtime if required? \_\_\_\_\_  Yes  No

Have you ever been bonded? \_\_\_\_\_  Yes  No

Have you been convicted of a felony in the last seven (7) years? \_\_\_\_\_  Yes  No

**(Such conviction may be relevant if job related, but does not bar you from employment.)**

If yes, please explain \_\_\_\_\_

Driver's license number (if job related) \_\_\_\_\_ State \_\_\_\_\_

AN EQUAL OPPORTUNITY EMPLOYER

## Educational Background (if job related)

A. List last three (3) schools attended, starting with most recent. B. List number of years completed. C. Indicate degree or diploma earned, if any. D. Grade Point Average or Class Rank and E. Major and minor field of study (if applicable).

A. School	B. Years Completed	C. Degree Diploma	D. GPA Class Rank	E. Major	E. Minor

List any foreign language(s) you know and check the boxes that describe your skill level.

Language	Speak Some	Speak Fluently	Read	Write

## References

List name and telephone number of three business/work references who are not related to you and are not previous supervisors. If not applicable, list three school or personal references who are not related to you.

Name	Telephone	Years Known
	Area Code (    )	
	Area Code (    )	
	Area Code (    )	

List professional, trade, business, or civic associations and any offices held. (Exclude memberships which would reveal sex, race, religion, national origin, age, color, disability or other protected status.)

Organization	Offices Held

List special accomplishments, publications, awards, (exclude information which would reveal sex, race, religion, national origin, age, color, disability or other protected status.) \_\_\_\_\_

\_\_\_\_\_

List any additional information you would like us to consider. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# Employment History

List your last four (4) employers, assignments or volunteer activities, starting with the most recent, including military experience. Explain any gaps in employment in comments section below.

Employer	Telephone ( )	Dates Employed From To		Summarize the nature of the work performed and job responsibilities:
Address				
Job Title				
Immediate Supervisor and Title		\$	Per	
Reason for Leaving				
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		\$	Per	
Hourly Rate/Salary-Start				
Employer	Telephone ( )	Dates Employed From To		Summarize the nature of the work performed and job responsibilities:
Address				
Job Title				
Immediate Supervisor and Title		\$	Per	
Reason for Leaving				
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		\$	Per	
Hourly Rate/Salary-Start				
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Job Title				
Immediate Supervisor and Title		\$	Per	
Reason for Leaving				
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		\$	Per	
Hourly Rate/Salary-Start				

Comments (including explanation of any gaps in employment)

**Skills and Qualifications** - Summarize any special training, skills, licenses, certificates and/or characteristics of yourself that may qualify you as being able to perform job-related functions for the position which you are applying \_\_\_\_\_

It is understood and agreed upon that any misrepresentation by me on this application will be sufficient cause for cancellation of this application and/or separation from the employer's service if I have been employed.

I give the employer the right to investigate all references and to secure additional information about me, if job-related. I hereby release from liability the employer and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

The employer is an Equal Opportunity Employer. The employer does not discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant's consideration for employment on a basis prohibited by local, state or federal law.

This application is current for only 60 days. At the conclusion of this time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to fill out a new application.

I understand that just as I am free to resign at any time, the employer reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no representative of the employer has the authority to make any assurances to the contrary.

I understand it is this company's policy not to refuse to hire a qualified individual with a disability because of this person's need for an accommodation that would be required by the ADA.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_