



EMPLOYMENT APPLICATION

Today's Date: _____

Last Name First Name Middle Initial

Street Address City

State Zip Best Phone # (Indicate Home or Cell) E-Mail Address

Employment Desired

Position applying for: _____

Are you applying for: Permanent Full Time Permanent Part Time Temporary

Days/hours that you are available: _____

Are you available to work on weekends? Yes No

If hired, what date can you start? _____ Desired hourly rate/ salary: _____

Personal Information

Have you ever applied for a job at Douglah Designs before? Yes No If Yes, when? _____

Do you have any relatives working for Douglah Designs? Yes No Name/Relationship: _____

Are you at least 18 years old (if under 18, subject to verification of age)? Yes No

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? Yes No

If no, describe the functions that cannot be performed: _____

If hired, would you have a reliable means of transportation to and from work? Yes No

Are you currently employed? Yes No If so, may we contact your current employer? Yes No

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Education and Training

High School

Form with fields: Name, Address, City, State, Zip, No. of Years Completed, Did you graduate?, Degree/Diploma

College/University

Form with fields: Name, Address, City, State, Zip, No. of Years Completed, Did you graduate?, Degree/Diploma

College/University

Form with fields: Name, Address, City, State, Zip, No. of Years Completed, Did you graduate?, Degree/Diploma

Vocational/Business

Form with fields: Name, Address, City, State, Zip, No. of Years Completed, Did you graduate?, Degree/Diploma

Other experience, training, or qualifications that you feel makes you especially suited for work at Douglass Designs:

Two horizontal lines for text input.

For Professional Positions/Licensing Only

This section is to be filled out if you have any professional licenses or certifications (e.g. contractor's license, design certifications, or architectural license).

Form with fields: Are you licensed/certified for the job applied for?, Name of license/certification, License/Cert Number, Has your license/certification ever been revoked or suspended?, If yes, state reason, date of revocation/suspension, and date of reinstatement.

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Employment History

List last three (3) employers (present/past) starting with most recent employer. Please complete this section even if attaching a resume.

Name of Employer:		Phone Number:	
Address:			
Type of Business:		Supervisor Name:	
Dates of Employment:	From:	To:	
Your Position and Duties:			
Reason for Leaving:		May we contact this employer for a reference?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Name of Employer:		Phone Number:	
Address:			
Type of Business:		Supervisor Name:	
Dates of Employment:	From:	To:	
Your Position and Duties:			
Reason for Leaving:		May we contact this employer for a reference?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Name of Employer:		Phone Number:	
Address:			
Type of Business:		Supervisor Name:	
Dates of Employment:	From:	To:	
Your Position and Duties:			
Reason for Leaving:		May we contact this employer for a reference?	<input type="checkbox"/> Yes <input type="checkbox"/> No

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References

List three (3) persons not related to you who have knowledge of your work performance within the last three (3) years.

Name:		Phone Number:	
Address:			
Occupation:		Years Acquainted:	

Name:		Phone Number:	
Address:			
Occupation:		Years Acquainted:	

Name:		Phone Number:	
Address:			
Occupation:		Years Acquainted:	

Please read carefully, initial each paragraph, and sign below.

_____ I hereby certify that I have not knowingly withheld any information that might adversely affect my chances
 Initials for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application and any required supplemental documents. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

_____ I hereby authorize **Doughlah Designs** to thoroughly investigate my references, work record, education and
 Initials other matters related to my suitability for employment unless otherwise specified above. I further authorize the references I have listed to disclose to the company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the Company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

_____ I understand that nothing contained in the application, or conveyed during any interview which may be
 Initials granted or during my employment, if hired, is intended to create an employment contract between me and Doughlah Designs. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the Company, and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and the Company's designated representative.

_____ In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in
 Initials the United States and to complete the required employment eligibility verification document form upon hire.

Date

Signature