

Employment History (beginning with current employer)

Employer:		Phone: ()
Job Title:		
Supervisor's Name:		May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Start Date:		End Date:
Hourly Rate of Pay:		
Work performed:		
Reason for Leaving:		

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References

Name	Company	Phone Number



Please read the following:

I certify that the facts contained in this application (and accompanying resume, if any) are true and complete to the best of my knowledge. I understand that any false statement, omission or misrepresentation on this application is sufficient cause for refusal to hire, or dismissal if I have been employed, no matter when discovered by DAEOC. I understand that any employment is conditioned on a background check. I authorize DAEOC to thoroughly investigate all statements in my application or resume and I authorize my former employers and reference to disclose information regarding my former employment, character and general reputation to DAEOC, without giving me prior notice of such disclosure. In addition, I release DAEOC, any former employers and all references listed above from any and all claims, demands or liabilities arising out of or related to such investigation or disclosure.

I understand and agree that nothing contained in this application, or conveyed during any interview, is intended to create an employment contract. I further understand and agree that if I am hired, my employment will be "at will" and without fixed term, and may be terminated at any time, with or without cause and without prior notice, at the option of either DAEOC or myself. No promises regarding employment have been made to me and I understand that no such promise or guarantee is binding upon DAEOC unless made in writing.

If I am offered employment, I agree to submit to a pre-employment drug-screening test before starting work. If employed, I also agree to submit to a medical examination and/or drug test at any time deemed appropriate by DAEOC and as permitted by law. I consent to such examination and tests and I request that the examining doctor disclose to DAEOC the results of the examination, which results shall remain confidential and segregated from my personnel file. I understand that my employment or continued employment, to the extent permitted by law, is contingent upon satisfactory medical examinations and drug test and, if I am hired, a condition of my employment will be that I abide by DAEOC's Drug and Alcohol Policy, Work Rules and Personnel Policies and Procedures. DAEOC retains the right to revise its policies and procedures manual in whole or in part at any time. This application for employment shall be considered active for a period of six months. Any applicant wishing to be considered for employment beyond this time period should complete a new application.

I understand that I must complete a 90-day introductory period before any benefits will take effect. After that time, benefits may be offered as outlined in the Personnel Policies and Procedures current at that time.

I have read and understand the conditions set forth above and seek employment with DAEOC.

Applicant's Signature: _____

Date: _____

Please return Employment Application to hr@daeoc.com or fax to 573-931-8409.

