



EMPLOYMENT APPLICATION

Please Print And Complete This Application In Its Entirety

| | | | | | | | |
|--|-----------------------------|----------------------|-------------------------|---|-------------------------|--|-----------|
| | | | | | | Today's Date: | |
| Last Name: | | First Name: | | Initial: | Social Security Number: | | |
| Address: | | | Apt/Box # | City: | | State: | Zip Code: |
| Position Applying For: | | Years of Experience: | Salary Desired: | Are You Willing To Work Out Of Town? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Are You Willing To Work Over-time <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Are You 18 Years Of Age Or Older? <input type="checkbox"/> Yes <input type="checkbox"/> No | Telephone Number: () | | Pager Number: () | | Other: () | | |

Safety Council

| | | | | | |
|---|---|---------------|---|------------------------|--|
| Do You Have A Current Safety Council Card? <input type="checkbox"/> Yes <input type="checkbox"/> No | If Yes, Do You Have Any Of The Following Classes? <input type="checkbox"/> Basic Plus <input type="checkbox"/> SA3 <input type="checkbox"/> SA4 <input type="checkbox"/> Fit Test | | From Which Safety Council? | | |
| Do you have a TWIC Card? () Yes () No Have you applied for a TWIC card? () Yes () No | | | | | |
| License Number: | Date Expires: | State Issued: | <input type="checkbox"/> Operator's <input type="checkbox"/> Commercial | List Any Restrictions: | |

Education

| | | | | | | | |
|---|----------------------------------|--|--------------------------|----|----|----|---|
| Check The Highest Level Achieved: <input type="checkbox"/> High School <input type="checkbox"/> High School (GED) <input type="checkbox"/> Trade School <input type="checkbox"/> Business School <input type="checkbox"/> Vocational School <input type="checkbox"/> Military Training <input type="checkbox"/> College/University | Name And Address Of High School: | | Highest Grade Completed: | | | | Did you Graduate? |
| | | | 9 | 10 | 11 | 12 | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| List Any Other Training Or Skills: | | | | | | | |

| | |
|---|--|
| The job for which you are applying may require walking, climbing, bending, twisting, reaching, and lifting 50 pounds plus or minus. Are you capable of performing the functions of the job for which you are applying, with or without reasonable accommodations? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Have you ever been discharged from a position for making threats, fighting, or any incidents involving violence? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Are you legally authorized to work in the United States of America? <input type="checkbox"/> Yes <input type="checkbox"/> No (Proof of applicant's legal right to work in the United States of America will be required after being hired) | |
| Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, explain. | |

Employment History (Please print beginning with most recent or current employer)

| | | | | | |
|-----------------------------|--------------|---------------------|------------------|--|--|
| Company Name: | | From: | Job Description: | | |
| Telephone Number: () | Salary/Wage: | To: | | | |
| Supervisor's Name: | | Reason For Leaving: | | | |

Continued on Back

| | | | |
|------------------------------|--------------|---------------------|------------------|
| Company Name: | | From: | Job Description: |
| Telephone Number: () | Salary/Wage: | To: | |
| Supervisor's Name: | | Reason For Leaving: | |

| | | | |
|------------------------------|--------------|---------------------|------------------|
| Company Name: | | From: | Job Description: |
| Telephone Number: () | Salary/Wage: | To: | |
| Supervisor's Name: | | Reason For Leaving: | |

List those persons willing to provide personal and/or professional references

| | | | |
|-------|-------------|------------------------------|--------------|
| Name: | Occupation: | Telephone Number: () | Years Known: |
| Name: | Occupation: | Telephone Number: () | Years Known: |
| Name: | Occupation: | Telephone Number: () | Years Known: |

APPLICANT'S ACKNOWLEDGMENT

I understand that DeJean is an equal opportunity employer and will not discriminate in any phase of employment. This application is not an offer of employment or contract. Any employment with DeJean is on an at-will basis. If hired, I or Company may terminate the employment relationship at any time with or without notice or cause.

I certify that the information given in this employment application is true and complete to the best of my knowledge. By my signature, I give full authorization to DeJean Companies to verify any and all information for the purposes of employment. I further authorize DeJean Companies to contact my previous employers for employment references. I release DeJean Companies from any liability associated with contacting my previous employers.

In accordance with the requirements of section 1681(b)(2) of Title 15 of the United States Code, commonly known as the Consumer Credit Protection Act, the Company hereby notifies me that it may obtain a report concerning my credit history and criminal records for employment purposes. Before taking any adverse action based in whole or in part upon such a report, the Company will provide me with a copy of the report and a description of my rights as a consumer under the Consumer Credit Protection Act. By signing below, I acknowledge that I consent, voluntarily and without coercion and duress, to procurement of a consumer report detailing my credit history and criminal record and acknowledge my understanding of the terms of this disclosure. I further release DeJean Companies from any liability in connection with the obtaining of such reports for the purpose provided herein.

Applicant's Signature

Date