

Domenix Application for Employment

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

(PLEASE PRINT)

<u>Position(s) Applied For</u>			<u>Date of Application</u>		
How Did You Learn About Us?					
Advertisement		Friend		Walk-In	
Employment Agency		Relative		Other _____	
Last Name		First Name		Middle Name	
Address		Number		Street	
				City	
				State	
				Zip Code	
Telephone Number(s)			Social Security Number		
Home: ()		Cell: ()			
Work: ()					

If you are under 18 years of age, can you provide required proof of your eligibility to work?

Yes No

Have you ever filed an application with us before?

Yes No
If Yes, give date _____

Have you ever been employed with us before?

Yes No
If Yes, give date _____

Are you currently employed?

Yes No

May we contact your present employer?

Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?

Proof of citizenship or immigration will be required upon employment

Yes No

Do you currently hold an active security clearance?

Yes No

If no, have you held one in the past, if so, when was it last active?

On what date would you be available for work?

Are you available to work: Full Time Part Time Shift Work Temporary

Are you currently on "lay-off" status and subject to recall?	Yes	No
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Can you travel if a job requires it?	Yes	No
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Have you been convicted of a felony within the last 7 years?	Yes	No
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Conviction will not necessarily disqualify an applicant from employment.

If Yes, please explain _____

List the last three places of employment:

Company Name	Address	Telephone Number	Supervisor	Job Title	Salary
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Company Name	Address	Telephone Number	Supervisor	Job Title	Salary
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Company Name	Address	Telephone Number	Supervisor	Job Title	Salary
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References:

Name	Address	Telephone Number
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Name	Address	Telephone Number
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Name	Address	Telephone Number
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Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employments shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview ☐ Yes ☐ No

Remarks _____

INTERVIEWER

DATE

Employed ☐ Yes ☐ No Date of Employment _____

Job Title _____ Hourly Rate/Salary _____ Department _____

By _____

NAME AND TITLE

DATE

NOTES _____
