



APPLICATION FOR EMPLOYMENT

Please Print

PERSONAL

Name: _____ Date: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Email address: _____ Phone: _____
 Position desired: _____ Desired wage: _____
 Referred by: _____ Available for shift work? Yes No Available for call-in? Yes No
 Are you legally eligible for employment in the United States? Yes ___ No ___ Date Available: _____
 During the past ten years, have you ever been convicted of a crime other than minor traffic offense? Yes ___ No ___
 If yes, explain: _____
(A conviction will not necessarily automatically disqualify you from employment.)
 Have you ever worked for this Company before? Yes ___ No ___
 If yes, which department? _____ Dates of employment _____

EDUCATION

High School: Number of years completed (circle one) 1 2 3 4
Diploma? Yes ___ No ___ **GED:** Yes ___ No ___
 Name of High School: _____ City/State: _____
College and/or Vocational School: Number of years completed (circle one) 1 2 3 4
 Name of School(s): _____ City/State: _____
 Major: _____ Degrees Earned: _____
Other Training or Degrees:
 Name of School(s): _____ City/State: _____
 Course: _____ Certification: _____

ADDITIONAL EXPERIENCE OR SKILLS: List any other experience, skills or other qualifications which you believe should be considered in evaluating your qualifications for employment, such as experience in operating manufacturing equipment, maintenance experience, office and/or computer skills, military service.

EMPLOYMENT Start with your current or most recent position

If still employed, may we contact your current employer? Yes ____ No ____

If any employment was under a different name, indicate name: _____

Name of Employer _____ Address _____

Telephone _____ Supervisor's Name _____

Dates of Employment _____ Position Held _____

Rate of Pay _____ Department _____

Describe duties: _____

Reason for Leaving: _____

Name of Employer _____ Address _____

Telephone _____ Supervisor's Name _____

Dates of Employment _____ Position Held _____

Rate of Pay _____ Department _____

Describe duties: _____

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Name of Employer _____ Address _____

Telephone _____ Supervisor's Name _____

Dates of Employment _____ Position Held _____

Rate of Pay _____ Department _____

Describe duties: _____

Reason for Leaving: _____

REFERENCES: List name and telephone 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	Title	Relation to you	Telephone	Number of Years Known

APPLICANT'S CERTIFICATION AND AGREEMENT

Dura-Line is an equal opportunity employer and does not discriminate in employment on the basis of race, color, religion, national origin, citizenship status, ancestry, age, sex, sexual orientation, marital status, physical or mental disability, genetic information, military status or unfavorable discharge from military service.

I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for Dura-Line to hire me. If I am hired, I understand that either Dura-Line or I can terminate my employment at any time and for any reason, with or without cause and without prior notice. I understand that no representative of Dura-Line has the authority to make any assurance to the contrary.

I attest with my signature below that the facts set forth in the above employment application are true and complete to the best of my knowledge and authorize Dura-Line to verify their accuracy and to obtain reference information on my work performance. I hereby release Dura-Line from any/all liability of whatever kind and nature which, at any time, could result from obtaining and having an employment decision based on such information. If any information I have provided is untrue, or if I have concealed material information, I understand that this will constitute cause for the denial of employment or immediate dismissal.

Signature of Applicant: _____

Date: _____

This application for employment is active for six (6) months only. Consideration for employment after six (6) months requires a new application.

AFFIRMATIVE ACTION SURVEY

APPLICANT SELF-DESIGNATION

Applicants are considered for employment without regard to race, color, religion, sex, national original, age, marital or veteran status, medical condition, disability, genetic information, or any other legally protected status.

Dura-Line complies with various state and federal reporting procedures that require periodic reports that include statistical analysis of the success of the affirmative action program.

To help Dura-Line comply with government record keeping, reporting, and other requirements, you are requested to complete the following questionnaire. The questionnaire is strictly confidential and will not be part of your application for employment or, in the event of employment, will not be placed in your personnel file.

THIS IS A VOLUNTARY SURVEY, INCLUSION OR EXCLUSION OF ANY DATA WILL NOT AFFECT ANY EMPLOYMENT DECISION.

Date: _____

Position Applied For: _____

Applicant's Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Circle One: Male Female

Choose one ethnic group with which you most closely identify:

- _____ **WHITE.** (Not of Hispanic or Latino origin: All persons having origins in any of the original people of Europe, North Africa, or the Middle East)
- _____ **BLACK or AFRICAN AMERICAN.** (Not of Hispanic or Latino origin: All persons having origins in any of the Black racial groups of Africa.)
- _____ **HISPANIC or LATINO.** (All persons of Mexican, Puerto Rican, Cuban, Central or South America, or other Spanish culture or origin, regardless of race.)
- _____ **ASIAN/PACIFIC ISLAND.** (Not of Hispanic or Latino origin. All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent or the Pacific Islands. This area includes, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.)
- _____ **AMERICAN INDIAN OR ALASKAN NATIVE.** (Not of Hispanic or Latino origin. All persons having origins in any of the original peoples of North America and South America (including Central America), and who maintain tribal affiliation or community attachment.)
- _____ **TWO OR MORE RACES.** (Not of Hispanic or Latino origin. All persons who identify with more than one of the above five races.)

Check any of the following that are applicable:

_____ Vietnam Era Veteran _____ Disabled Veteran _____ Person with a disability