

Denham-Blythe Company, Inc.

Application for Employment

Conditions of employment are stated at the end of this form. Please read carefully before you sign this application.
(Application must be completed in full even if attaching a resume.)

POSITION APPLIED FOR _____ DATE OF APPLICATION _____

PERSONAL

PLEASE PRINT USING BALLPOINT PEN

FULL NAME	FIRST/ MIDDLE /LAST	SOCIAL SECURITY NUMBER	
PRESENT ADDRESS	STREET CITY STATE ZIP	HOW LONG	HOME TELEPHONE #
If no phone, how may we contact you?			
Have you ever worked for Denham-Blythe before?		<input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, approximate date:
Have you ever applied for a position at Denham-Blythe before?		<input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, approximate date:
How did you learn about the company/position? (circle one)			
Advertisement Friend Walk-in Recruiting Firm Current Employee Other _____			

GENERAL INFORMATION

If you are under 18 years of age, can you provide required proof of your eligibility to work? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Are you legally eligible for employment in the U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO	
If offered employment, you will be required to provide documentation to verify eligibility.	
Have you ever been convicted of a crime or violation other than a minor traffic offense? <input type="checkbox"/> YES <input type="checkbox"/> NO (A conviction record will not necessarily be a bar to employment. Factors such as job relations, age and time of the offense, seriousness and nature of violation and rehabilitation will be taken into account) If yes, please explain:	
Are you able to perform the essential requirements of the job? <input type="checkbox"/> YES <input type="checkbox"/> NO	
If no, are there reasonable accommodations that can be made to allow you to perform the essential functions of the job? <input type="checkbox"/> YES <input type="checkbox"/> NO _____	
Have you ever been discharged from any employment or asked to resign? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please explain:	
WAGE EXPECTED	DATE AVAILABLE FOR WORK?

EMPLOYMENT HISTORY

BEGIN WITH YOUR MOST RECENT EMPLOYMENT [1] AND CONTINUE WITH ALL PAST EMPLOYMENT

1	EMPLOYER	FROM	STARTING	JOB TITLE	REASON FOR LEAVING (Please Explain)
		MO. YR.	SALARY		
NAME OF COMPANY			\$	DESCRIBE YOUR JOB DUTIES	
ADDRESS		TO	ENDING		
		MO. YR.	SALARY		
CITY, STATE, ZIP			\$		NAME & TITLE OF IMMEDIATE SUPERVISOR
PHONE NO.		TYPE OF BUSINESS			
EXPLAIN ANY PERIOD BETWEEN JOBS					MAY WE CONTACT EMPLOYER? [] YES [] NO
2	EMPLOYER	FROM	STARTING	JOB TITLE	REASON FOR LEAVING (Please Explain)
		MO. YR.	SALARY		
NAME OF COMPANY			\$	DESCRIBE YOUR JOB DUTIES	
ADDRESS		TO	ENDING		
		MO. YR.	SALARY		
CITY, STATE, ZIP			\$		NAME & TITLE OF IMMEDIATE SUPERVISOR
PHONE NO.		TYPE OF BUSINESS			
EXPLAIN ANY PERIOD BETWEEN JOBS					MAY WE CONTACT EMPLOYER? [] YES [] NO
3	EMPLOYER	FROM	STARTING	JOB TITLE	REASON FOR LEAVING (Please Explain)
		MO. YR.	SALARY		
NAME OF COMPANY			\$	DESCRIBE YOUR JOB DUTIES	
ADDRESS		TO	ENDING		
		MO. YR.	SALARY		
CITY, STATE, ZIP			\$		NAME & TITLE OF IMMEDIATE SUPERVISOR
PHONE NO.		TYPE OF BUSINESS			
EXPLAIN ANY PERIOD BETWEEN JOBS					MAY WE CONTACT EMPLOYER? [] YES [] NO

EDUCATION

EDUCATION TYPE OF SCHOOL	NAME AND ADDRESS OF SCHOOL	MAJOR SUBJECT	CIRCLE LAST YEAR ATTENDED	GRADUATED	DEGREE
HIGH SCHOOL			9 10 11 12	[] YES [] NO	
COLLEGE			1 2 3 4	[] YES [] NO	
COLLEGE			1 2 3 4	[] YES [] NO	
GRADUATE SCHOOL			1 2 3 4	[] YES [] NO	
BUSINESS. TRADE OTHER			1 2 3 4	[] YES [] NO	

ADDITIONAL EXPERIENCE OR QUALIFICATIONS

List any other experience, skills, professional license(s) or other qualifications, which you believe should be considered in evaluating your qualifications for employment.
Please indicate any prior military service which you would like considered in connection with your application for employment.
You may exclude activities which may reveal sex, race, religion, national origin, age, or disability or other protected status.

ATTENDANCE AND PUNCTUALITY INFORMATION

Consistent attendance and punctuality are essential requirements of every job with this company. Is there anything which would interfere with your regular attendance and punctuality if you are offered a job with the company.? YES NO

If Yes, please explain _____

OTHER INFORMATION

Are you willing and able to work overtime (over 40 hours per week)? YES NO

Do you have reliable transportation? YES NO

If yes, are you willing and able to travel up to 75 miles from your home to the job site? YES NO

Driver's License Number _____

Do you own tools of the trade for which you are applying? YES NO

Are you able to read blueprints? YES NO

PERSONAL OR BUSINESS REFERENCES

1	NAME	OCCUPATION	BUSINESS PHONE ()
	HOME ADDRESS	HOME PHONE ()	TITLE
			RELATIONSHIP
	CITY AND STATE (ZIP)	HOW LONG KNOWN	
2	NAME	OCCUPATION	BUSINESS PHONE ()
	HOME ADDRESS	HOME PHONE ()	TITLE
			RELATIONSHIP
	CITY AND STATE (ZIP)	HOW LONG KNOWN	

NOTE: EMPLOYMENT IS CONTIGENT UPON PASSING A PRE-EMPLOYMENT MEDICAL EXAMINATION, INCLUDING DRUG SCREENING. CAN YOU MEET THIS REQUIREMENT? YES NO

NOTIFICATION AND AGREEMENT

PLEASE READ BEFORE SIGNING

I CERTIFY THAT ALL ANSWERS GIVEN BY ME ARE TRUE, ACCURATE AND COMPLETE. I UNDERSTAND THAT THE FALSIFICATION, MISREPRESENTATION OR OMISSION OF FACT ON THIS APPLICATION (OR ANY OTHER ACCOMPANYING OR REQUIRED DOCUMENTS) WILL BE CAUSE FOR DENIAL OF EMPLOYMENT OR IMMEDIATE TERMINATION OF EMPLOYMENT, REGARDLESS OF WHEN OR HOW DISCOVERED.

Questions regarding this statement should be directed to any employment interviewer before signing. The application will be given every consideration, but its receipt does not imply that the applicant will be employed. This application for employment is good for 30 days only. Consideration of employment after 30 days requires a new application.

It is the policy of the company to afford equal opportunity to all employees and applicants for employment without regard to age, race, religion, color, sex, national origin, marital status, expunged juvenile records, or pregnancy, and to afford equal opportunities to disabled veterans, veterans of the Vietnam era, and individuals with a disability, any and other characteristic protected by Federal, State or Local law.

I authorize the investigation of all statements and information contained in this application, as may be necessary in arriving at an employment decision. I release from all liability anyone supplying such information and I also release Denham-Blythe from all liability that might result from making an investigation.

If hired, I agree to abide by all of the company rules and regulations, and understand that, if employed, my employment may be terminated with or without cause, and with or without notice, at any time, at the option of either the company or me. I further understand that no representation, whether oral or written by any representative or agent of the Company, at any time, can constitute a contract of employment. I understand that the Company and all Plan Administrators shall have the maximum discretion permitted by law to administer, interpret, modify, discontinue, enhance or otherwise change all policies, procedures, benefits or other terms or conditions of employment. No representative or agent of the company, has the authority to enter into any agreement for employment for any specified period of time or to make any change in any policy, procedure, benefit or other term or condition of employment other than in a document signed by the CEO, President or Executive Vice President, or to make any agreement contrary to the foregoing.

I acknowledge that I have read and understand the above statements and hereby grant permission to confirm the information supplied on this application by me.

APPLICANT SIGNATURE _____ DATE _____

INTERVIEWED BY _____ **DATE** _____

IMPERIUM BACKGROUND RELEASE

DENHAM-BLYTHE COMPANY, INC.
859-255-7405

Name (First, Middle, Last) Maiden Names/Alias Last Names

Birth Date (Year is Optional) Social Security No.

Current Address City , State Drivers License No & State

Previous Cities/States of Residence (7 Years)

1	2	3
4	5	6
7	8	9

Have you ever been convicted of a crime other than minor traffic offenses (please include DUIs)? ____ If yes, please give offense and location.

Please read carefully: The information provided on this Authorization is true and correct to the best of my knowledge. I understand that failure to reveal any prior addresses in the past five years and/or the giving of false or misleading information on my application or in an employment interview may result in the refusal of or separation from employment.

I authorize the above company and its representatives to make an independent investigation of my background records maintained by public and private organizations. I understand that the results of the investigation may result in refusal of or separation from employment.

I release the above company and/or its representatives from any and all liability, claims, or lawsuits in regard to the information obtained from any or all of the above referenced sources used in verification of my background. I also acknowledge that the above company may be requested to submit certain information with regard to my employment and/or application to various government agencies or private organizations. I hereby authorize the above company to provide such information and release the above company and its representatives from any liability from submitting such information.

Signed

Date