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.)

				PE	RSONAL				
			PLEA	SE PRINT US	SING BLUE	OR BLAC	K INK		
FULL FIRST/ MIDDLE /LAST SOCIAL SECURITY NUMBER ((if hired)					
PRESENT ADDRESS	STREET		CITY	STATE	ZIP		HOW LONG AT THIS ADDRESS?		
HOME TELE	EPHONE:		CELL F	PHONE:					
Have you e	ver worked fo	r Denham-Blyth	ne before?		YES	NO	If yes, approximate	date:	
Have you e	ver applied for	a position at D	enham-Blyth	e before?	YES	NO	If yes, approximat	te date:	
Adv	vertisement	Friend	Walk-in	Recruit	ing Firm	Currei	nt employee		
			(SENERAL	INFORM	IOITAI	V		
-		of age, can you				bility to v	work? YES N	10	
	mployment, y	r employment i ou will be requi		YES e document	NO tation to ve	rify eligib	oility. (If you do not kn	now which documents qu	alify,
(A conviction	on record will reformed on a record will record on a record or record on a rec	icted of a crime not necessarily nd rehabilitatio	be a bar to e	mployment.	Factors su			ne of the offense, serious	ness
Are you ab	le to perform t	he essential re	quirements o	f the job?	YES	NO			
If no, are th	nere reasonabl	e accommodat	ions that can	be made to	allow you t	o perfor	m the essential function	ons of the job? YES	NO
Have you e		arged from an	y employmen	t or asked to	o resign?	YES	NO		
			1	Δ\/ΔΙΙΔΒΙΕ					

EMPLOYMENT HISTORY								
BEC	BEGIN WITH YOUR MOST RECENT EMPLOYMENT [1] AND CONTINUE WITH ALL PAST EMPLOYMENT							
1	EMPLOYER	FROM MO. YR.		STARTING SALARY	JOB TITLE	REASON FOR LEAVING (Please Explain)		
NAME OF COMPANY				\$	DESCRIBE YOUR JOB DUTIES			
ADD	RESS	TO MO. YR.		ENDING SALARY				
CITY	, STATE, ZIP	MO.	YK.	\$		NAME & TITLE OF IMMEDIATE SUPERVISOR		
PHO NO.	NE		TYPE OF BUSINESS					
	AIN ANY PERIOD NEEN JOBS					MAY WE CONTACT EMPLOYER? [] YES [] NO		
2	2 EMPLOYER		ROM YR.	STARTING SALARY	JOB TITLE	REASON FOR LEAVING (Please Explain)		
NAME OF COMPANY				\$	DESCRIBE YOUR JOB DUTIES			
ADDRESS		MO.	TO YR.	ENDING 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 MO. YR.		STARTING SALARY	JOB TITLE	REASON FOR LEAVING (Please Explain)		
NAME OF COMPANY		IVIO.	110.	\$	DESCRIBE YOUR JOB DUTIES	1		
ADDRESS		TO MO. YR.		ENDING 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	LAST YEAR ATTENDED	GRADUATED	DEGREE		
HIGH SCHOOL				YES NO			
COLLEGE				YES NO			
COLLEGE				YES NO			
GRADUATE SCHOOL				YES NO			
BUSINESS. TRADE OTHER				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. Include equipment operation skills. Please indicate any prior military service which you would like us to consider 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				
Would you have any problems if your assignment required overnight stay(s)? YES NO				

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					
Drivers License Number: State:	Expiration Date:				
Do you own tools of the trade for which you are applying?	YES NO N/A				
Are you able to read blueprints? YES NO					

	PERSONAL OR BUSINESS REFERENCES					
1	NAME		OCCUPATION	BUSINESS PHONE		
HON	1E ADDRESS	HOME PHONE	TITLE	RELATIONSHIP		
CITY AND STATE (ZIP)			HOW LONG KNOWN			
2	NAME		OCCUPATION	BUSINESS PHONE		
HON	1E ADDRESS	HOME PHONE	TITLE	RELATIONSHIP		
CITY AND STATE (ZIP)			HOW LONG KNOWN	V		

NOTE: EMPLOYMENT IS CONTIGENT UPON PASSING A PRE-EMPLOYMENT DRUG SCREEN. CAN YOU MEET THIS REQUIREMENT? YES NO

OUR COMPANY ALSO DOES RANDOM AND "FOR CAUSE" TESTING.

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 60 days only. Consideration of employment after 60 days requires a new application.

It is the policy of the company to afford equal opportunity to all applicants for employment without regard to age, race, religion, color, sex, sexual orientation, gender identity, or national origin, 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 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.

INTEDVIEWED BY	DATE	

APPLICANT SIGNATURE _____ DATE _____