



D&H MAINTENANCE EMPLOYMENT APPLICATION



PERSONAL INFORMATION:

Name (Print): _____ First
Middle Last

Present Address: _____
Street Address City

State Zip

Social Security Number: _____ Phone Number: _____

Are You 18 years or older Yes No If not, birth date _____

Are you legally able to be employed in the U.S.? Yes No

Have you ever been convicted of a felony or misdemeanor? Yes No

(A conviction record will not necessarily be a bar to employment, and factors such as age and time of offense, seriousness and nature of the violation, and rehabilitation will be taken into account.)

AVAILABILITY:

Total hours available per week _____ Position or shift applied for _____

Please indicate the time you are available for work each day:

Day	S	M	T	W	T	F	S
From							
To							

D&H Maintenance hours may vary from week and occasionally you may be asked to stay late, leave early, or come in on your day off. What problems do you foresee with this? _____

Are you aware of any reason that you cannot perform essential functions of the job with or without reasonable accommodations?

Yes No if so, specify _____

What promoted you to apply to D&H Maintenance Walk in Newspaper Ad Referred by: _____

Other, please specify: _____

The Secretary of Health and Human Services has determined that certain diseases, including hepatitis A, salmonella, shigella, staphylococcus, streptococcus, giardia and campylobacter may prevent you from serving food or handling food equipment in a sanitary or healthy fashion. An essential function of this job involves handling food service equipment and utensils in a sanitary and healthy fashion. Is there any reason why you cannot perform the essential functions of this job?
 Yes No if yes, please explain _____

REFERENCES: EMPLOYMENT AND PERSONAL

Name	ADDRESS	YRS. KNOWN	TELEPHONE	EMPLOYER
			BUSINESS	
			HOME	
			BUSINESS	
			HOME	
			BUSINESS	
			HOME	

EDUCATION:	Name And Address Of School	Graduated		Course or Major
		Yes	No	
High School				
College				
Graduate School				
Other				

Are you currently in school? Yes _____ No _____ if "yes", what grade or year? _____

EMPLOYMENT RECORD: List each job held. Start with your present or last employer first. Include military service. Explain any gaps.

Employer	Dates Employed		Work Performed	
	From	To		
Address				
Telephone Number(s)				
Job Title	Supervisor	Hourly Rate/Salary		
		Starting	Final	
Reason for Leaving				

Employer	Dates Employed		Work Performed	
	From	To		
Address				
Telephone Number(s)				
Job Title	Supervisor	Hourly Rate/Salary		
		Starting	Final	
Reason for Leaving				

Employer	Dates Employed		Work Performed	
	From	To		
Address				
Telephone Number(s)				
Job Title	Supervisor	Hourly Rate/Salary		
		Starting	Final	
Reason for Leaving				

If you have had additional employers, please provide this information on additional sheets of paper.

AGREEMENT

PLEASE READ THE FOLLOWING CAREFULLY AND SIGN IN THE SPACE PROVIDED:

I hereby certify that the facts set forth in this employment application (and accompanying resume, if any) are true and complete to the best of my knowledge, and I agree and understand that any misrepresentation or falsification of information or failure to disclose information during the employment application process may disqualify me from further consideration for employment and, if employed, will subject me to dismissal. I further certify that I am a true and bona fide job applicant, honestly interested in working in the position(s) for which I have applied, and am seeking employment with this company solely to provide me with the benefits of a job and for no other purpose.

I understand that in connection with my application for employment an inquiry into my background may include an investigative consumer report, which provides applicable information concerning character, general reputation, personal characteristics and standard of living. I understand that I have the right to make a written request within a reasonable period of time for information as to the nature and scope of any such report.

If employed, I agree to conform to all Company rules and regulations. In this regard, I understand that the Company may, at its discretion, conduct searches of any Company or personal property, and I hereby consent for any such search.

This application is currently only for 60 days. At the conclusion of this time, if I have not heard from the Company and still wish to be considered for employment, I understand that it will be necessary for me to submit a new application.

This Agreement contains and represents the entire agreement between D&H Maintenance (DHM) and me concerning the topics discussed herein. There are no oral or collateral agreements of any kind concerning such topics. I further understand and agree that this Agreement cannot be orally modified and that any subsequent modification of this Agreement, including the at-will status of my employment, must be in writing and duly executive by the Company President or his or his designee.

AUTHORIZATION TO RELEASE INFORMATION: I agree and understand that DHM and its agents may investigate or seek information concerning my background and/or previous employment, whether of record or not, to the extent and for purposes permitted by applicable federal and state law. I further agree and understand that if employed, the Company may at any time seek any information from whatever source, which in its discretion, it deems relevant information about my employment, to the extent and for purposes permitted by applicable federal and state law. Accordingly, I hereby authorize the previous employers and references listed in my application or any other source contacted by the Company to give the Company any and all information requested by the Company

its agents, the previous employers, and any other persons or entities whatsoever involved in such an investigation or inquiry from all liability of any kind, including any damages on account of the furnishing of such information.

NODRUG USE POLICY: DHM does not knowingly hire persons who use illegal drugs. All persons seeking employment or employed at DHM may be required to take and pass a screen for illegal drugs and may be subject to randomly testing for illegal drugs. I hereby voluntarily consent to provide a urine specimen (or blood specimen as required for alcohol testing only) at a collection facility designated DHM and further consent to have the specimen tested at a laboratory selected by DHM. I hereby certify that I do not use illegal drugs.

Signature _____

Date _____

APPLICANTS UNDER 18 YEARS OF AGE

I understand that since I am under 18 years of age the foregoing consent and authorization should be approved by my parent/legal guardian. Signature by my parent/legal guardian constitutes such approval. Signature by my parent/legal guardian also represents acknowledgement that DHM has the authority to drug test me (if employed) at any time during my employment.

Date _____

Parent/Legal Guardian Signature