

Employment Application

Deerpoint Group, Inc – An Equal Opportunity Employer

Please Print

Date Last Name First Name Middle

Present Address

No. & Street City State Zip

Permanent Address (if different from present address)

No. & Street City State Zip

Business Phone Home Phone Email address

Employment Desired

Position applying for: _____

Are you applying for:

Full-time work?..... Yes No

Part-time work?..... Yes No

Special Project work, e.g., summer or holiday work?..... Yes No

What days and hours are you available for work? _____

If applying for temporary work, during what period of time will you be available?

From: _____ To: _____

Are you available for work on weekends? Yes No

Would you be available to work overtime, if necessary? Yes No

If hired, on what date can you start work? _____

Salary desired: _____

Personal Information

How did you hear about Deerpoint Group, Inc.? _____

Have you ever applied to or worked for Deerpoint Group, Inc. before? Yes No

If yes, when? _____

Do you have any friends or relatives working for Deerpoint Group, Inc.? Yes No

If yes, state name(s) and relationship:

_____	_____
Name	Relationship
_____	_____
Name	Relationship

Why are you applying for work at Deerpoint Group, Inc?

If hired, would you have a reliable means of transportation to and from work? Yes No

Are you at least 21 years old? (If under 21, hire is subject to verification that you are insurable under Deerpoint Group auto insurance.)..... Yes No

If hired, can you present evidence of your U.S. citizenship or proof of your legal right to live and work in this country? Yes No

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation?..... Yes No

If no, describe the functions that cannot be performed.

(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination, respiratory examination, drug test, math and agility tests.)

Are you currently employed? Yes No

If so, may we contact your current employer? Yes No

Education, Training and Experience

School	Name And Address	No. of years Completed	Did you Graduate?	Degree or Diploma
High School	Name _____ Address _____ City _____ State _____ Zip _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
College/ University	Name _____ Address _____ City _____ State _____ Zip _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Vocational/ University	Name _____ Address _____ City _____ State _____ Zip _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Health Care	Name _____ Address _____ City _____ State _____ Zip _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

Many of our customers (clients) do not speak English. Do you speak, write or understand any foreign languages? Yes No

If yes, which language(s)? _____

Do you have any other experiences, training, qualifications or skills which you feel make you especially suited for work at Deerpoint Group, Inc.? Yes No

If so, please explain:

Answer the following questions if you are applying for a professional position:

Are you licensed/certified (**including driver's license**) for the job applied for? Yes No

Name of license/certification: _____

Issuing state: _____

License/certification number: _____

Employment History

List below all present and past employment starting with your most recent employer (last five years is sufficient). Account for all periods of unemployment. You must complete this section even if attaching a resume.

Name of Employer

Telephone No.

Type of Business

Your Supervisor's Name

Address & Street

City State Zip

Dates of Employment: From _____ To _____

Your Position and Duties

Reason for Leaving

May we contact this employer for a reference?..... Yes No

Name of Employer

Telephone No.

Type of Business

Your Supervisor's Name

Address & Street

City State Zip

Dates of Employment: From _____ To _____

Your Position and Duties

Reason for Leaving

May we contact this employer for a reference?..... Yes No

Employment History, continued

Name of Employer

Telephone No.

Type of Business

Your Supervisor's Name

Address & Street

City State Zip

Dates of Employment: From To

Your Position and Duties

Reason for Leaving

May we contact this employer for a reference? Yes No

Note: Attach additional page(s) if necessary.

References

List below three persons not related to you who have knowledge of your work performance within the last three years.

First Name Last name Telephone No. Address & Street City State Zip Occupation No. of Years Acquainted

First Name Last name Telephone No. Address & Street City State Zip Occupation No. of Years Acquainted

First Name Last name Telephone No. Address & Street City State Zip Occupation No. of Years Acquainted

Please Read Carefully, Initial Each Paragraph and Sign Below

Initials I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection for this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

Initials I hereby authorize the company to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and further, authorize the references I have listed to disclose to the company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of, or in any way, related to such investigation or disclosure.

Initials I understand that a pre-placement physical, respiratory examination, lift test, math test and drug testing are required prior to employment. I hereby agree to such an examination and testing administered by the designated facility chosen by the company.

Initials I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and the company. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the company, and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and the company's designated representative.

Date Applicant's Signature

Date Preparer's Signature (if application not completed by applicant)