



JOB APPLICATION FORM

Please Print

Name: First, M.I., Last			
Present Address/Number and Street			
City, State, Zip			
Home Phone ()		Cell Phone ()	
Email Address		Referred By/How did you hear about us?	
Position Desired	F/T	P/T	Minimum Hourly Rate Requested
Have you ever been employed by DSI? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, state date:			

EMPLOYMENT HISTORY						
List present/most recent employer first. Please fill out completely even if you provide a resume.						
1	Present or Last Employer		City, State		Telephone	May We Contact <input type="checkbox"/> Yes <input type="checkbox"/> No
	Start Date	End Date	Starting Pay	Final Pay	Reason for Leaving	If no, why?
	Job Title	F/T	P/T	Immediate Supervisor	Supervisors Title	
Description of Work Responsibilities						
2	Next Employer		City, State		Telephone	May We Contact <input type="checkbox"/> Yes <input type="checkbox"/> No
	Start Date	End Date	Starting Pay	Final Pay	Reason for Leaving	If no, why?
	Job Title	F/T	P/T	Immediate Supervisor	Supervisors Title	
Description of Work Responsibilities						
3	Next Employer		City, State		Telephone	May We Contact <input type="checkbox"/> Yes <input type="checkbox"/> No
	Start Date	End Date	Starting Pay	Final Pay	Reason for Leaving	If no, why?
	Job Title	F/T	P/T	Immediate Supervisor	Supervisors Title	
Description of Work Responsibilities						
Please explain any gaps in employment _____						
Please list any additional skills or work experience relevant to the position for which you are applying _____						

EDUCATION				
Name of School	City, State	No. Years Completed	Did You Graduate?	Major Subject
High School				
If under 18 years of age, can you submit a work permit after an offer of employment? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Jr. College, College or University				Major or Degree
Graduate or Technical Schools				

Additional Training, Skills, Special Achievements, Certificates or Honors Relevant to Position Applied For

ADDITIONAL INFORMATION

If hired, can you provide proof of your legal right to work in the United States? Yes No
 (Note: Documentation verifying your legal right to work will be required if you are hired.)

Name of Whom to Contact In An Emergency	Relationship	Telephone (Must be different than applicant's)
		()

I hereby certify that I understand and agree that an offer of employment with DSI may be contingent upon successful completion of a urinalysis for drug and alcohol use.
 Date: Signature:

Have you ever been convicted of:
 A felony? Yes No
 A misdemeanor? Yes No

****Driving Under the Influence (DUI) convictions are criminal offenses and should be considered in your response.****

Are you currently out on bail or on your own recognizance for an arrest pending trial which could lead to conviction? Yes No
 (A "yes" answer is not necessarily a bar to employment – all circumstances will be considered.)
 If yes to either question, give details and dates: _____

Do you have a valid driver's license? Or a state identification card?
 Number: _____ State _____

Are you available for overtime work? Weekdays Yes No Weekends: Yes No

BUSINESS REFERENCES

NAME	City, State	Occupation	Years Known	Telephone
				()
				()
				()

Please read the following and sign your name below:
 I hereby certify that the answers given by me to the foregoing questions and statements are true and correct without material omissions of any kind. I agree that DSI subsidiary organizations and affiliates (hereinafter referred to as the "Company") may conduct an investigation, either prior to or at any time after my employment. Concerning the above information as well as regarding my character, general reputation, personal characteristics and mode of living, I am signing with the understanding that upon my written request additional information about the nature and scope of any such investigative report will be provided me. To this end, I authorize any company, corporation, former employer, credit agency, educational institution, law enforcement agency or person to give to the Company any information that they may have regarding me, whether or not it is a matter of record, and I specifically release any such aforementioned entity from all liability for any damages whatsoever for providing this information. I realize this information may be obtained through personal interviews with neighbors, friends, or others with whom I am acquainted. I understand and agree that should such investigation reveal that I have made any false statements or omitted material facts within this form, I will be subject to rejection as an applicant or dismissal from employment. In consideration of my employment, I agree to conform to the rules and regulations of the Company. I specifically understand and acknowledge that my employment and compensation can be terminated, without cause, and without notice, at any time, at the option of either the company or myself. I understand that no supervisor, manager, or representatives of the Company, other than the President of the Company, has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing. Any agreement of any kind pertaining to my employment must be in writing. Important: In the event there is any dispute arising out of the following: unlawful discrimination or harassment; or termination of your employment with the Company, which the parties are unable to resolve through direct discussion or mediation, regardless of the kind or type of dispute, you and DSI agree to submit all such disputes exclusively to final and binding arbitration pursuant to the provisions of the Federal Arbitration Act, or if inapplicable, the provisions of applicable state laws, or any successor or replacement statutes, upon request submitted in writing to the Human Resources Department within applicable arising out of any dispute that was subject to arbitration. ~~The limitations period set forth in this paragraph shall not be subject to tolling, equitable or otherwise.~~

Signature: _____ Date: _____