

EMPLOYMENT APPLICATION

**DAMAN PRODUCTS
COMPANY, INC**



PERSONAL INFORMATION

Last Name	First Name	Middle	Date
Street Address	City	State	Zip
Home Phone			Social Security Number
Have you ever applied for employment with us? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes: Month and Year _____			Pay Expected
Position Desired			When will you be available to begin work?
Are you applying for full-time work? <input type="checkbox"/> Yes <input type="checkbox"/> No		Will you work overtime if asked? <input type="checkbox"/> Yes <input type="checkbox"/> No	
What hours would you be available for work (shift desired)? _____			
Are you of legal age to work (18 years or older)?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Other special training or skills (languages, machine operation, etc.)			
How did you learn of our organization? Newspaper - Online - Word of mouth - If by employee referral please list their name. _____			
Have you ever plead guilty to or been convicted of <u>any crime</u> ? (omit minor traffic violations unless you are applying for a job which requires the operation of a motor vehicle. A guilty plea or conviction of a criminal charge(s) is not an automatic bar to employment. All circumstances will be considered). If so, state the crime(s), date(s), and sentence(s).			
Are there any criminal charges now pending against you? (A pending criminal charge is not an automatic bar of employment. All circumstances will be considered). If so, state the charge(s), and the name of the court(s), and describe the current status.			

CURRENT or MOST RECENT EMPLOYMENT

NOTE: FILL OUT THE FORM COMPLETELY. YOU MUST PROVIDE A 10-YEAR HISTORY. PLEASE ACCOUNT FOR ANY GAPS IN EMPLOYMENT. USE ADDITIONAL PAPER IF NECESSARY.

Check here if you have NOT been in the work force for at least 10 years.

Company Name	Telephone
Address	Dates Employed From: To:
Name/Title of Supervisor	Weekly Pay Start: Last:
Job Title and Description of Duties	
What do (did) you like most about this position?	Were you discharged? <input type="checkbox"/> Yes <input type="checkbox"/> No
What do (did) you like least?	Were you asked to resign? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Reason for leaving?

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, or marital or veteran status, the presence of a non-job-related medical condition or disability, or any other legally protected status.

EMPLOYMENT HISTORY CONTINUED

Company Name	Telephone
Address	Dates Employed From: To:
Name/Title of Supervisor	Weekly Pay Start: Last:

Job Title and Description of Duties

What did you like most about this position?	Were you discharged? <input type="checkbox"/> Yes <input type="checkbox"/> No
What did you like least?	Were you asked to resign? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Reason for leaving?

Company Name	Telephone
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Address	Dates Employed From: To:
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Name/Title of Supervisor	Weekly Pay Start: Last:
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Job Title and Description of Duties

What did you like most about this position?	Were you discharged? <input type="checkbox"/> Yes <input type="checkbox"/> No
What did you like least?	Were you asked to resign? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Reason for leaving?

Company Name	Telephone
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Address	Dates Employed From: To:
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Name/Title of Supervisor	Weekly Pay Start: Last:
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Job Title and Description of Duties

What did you like most about this position?	Were you discharged? <input type="checkbox"/> Yes <input type="checkbox"/> No
What did you like least?	Were you asked to resign? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Reason for leaving?

<i>WE MAY CONTACT YOUR CURRENT AND PREVIOUS EMPLOYERS UNLESS YOU INDICATE THOSE YOU DO NOT WANT US TO CONTACT.</i>	DO NOT CONTACT: Employer and Reason:
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OTHER COMMENTS:

(OPTIONAL) YOU MAY REQUEST ANY NEEDED ACCOMMODATIONS TO PARTICIPATE IN THE APPLICATION PROCESS AS PRESCRIBED IN THE AMERICANS WITH DISABILITIES ACT.

SIGNATURE

I hereby authorize the investigation of all statements contained in this application. I certify that this form was completed by the applicant, and the information given on this application is true and complete. **I understand and agree that false statements, misrepresentations or omission of requested facts is sufficient cause for disqualification of this application or dismissal from employment.**

I authorize references listed above to give you any and all information concerning my previous employment and any pertinent information they may have as to character, general reputation, personal characteristics, work performance, workplace conduct, or otherwise. I release all parties from all liability for any damages that may result from furnishing this information to Daman Products Co., Inc.

I understand that acceptance of an offer of employment at Daman Products Co., Inc. does not create a contractual obligation upon the employer to continue to employ me in the future, and that any employment contract, to be effective, must be set out in writing, dated and executed by both parties. Employment is at will.

I understand that pre-employment testing (such as physical examination and/or drug screen) is a condition of employment. I understand that, if an offer of employment is made, I would be required to furnish documents verifying my identity and showing that I am either a U.S. citizen or alien authorized to work in the United States.

I understand that this application will be considered active for a period of six (6) months only.

Any incomplete applications will not be considered for employment.

Print Name: _____

Date: _____

Signature: _____