



Inc.

An Employee Owned Company

## Application for At-Will Employment

DBA: Dazey's Supply, Dazey's Building Center Stephen's Glass, Hubbard's/Dazey's

THIS APPLICATION IS NOT AN EMPLOYEMENT CONTRACT, but is merely intended to evaluate suitability for employment. It is our policy to provide equal opportunity for employment to all qualified persons without discrimination on the basis of sex, race, color, religion, age, marital status, national origin, citizenship, disability, veteran status, or any other status protected under state or federal law. It is also our policy to conduct pre-employment screenings before a job offer is made.

**This application for employment will not be considered unless fully completed. (PLEASE PRINT)**

### APPLICANT INFORMATION:

Last Name		First Name		Middle Name
Address	Street	City	State	Zip Code
Telephone Numbers		Social Security #		
Driver's License #	Expiration Date	E-mail Address:		

Employment Desired: Full Time  Part Time  Shift Work  Temporary

Position: \_\_\_\_\_ Date You Can Start: \_\_\_\_\_

Have you ever filed an application with us before? If so when?

Have you ever been employed with us before? If so when?

Are you currently employed? If so where or by whom and may we contact your current employer?

Are you legally authorized to work in the United States? Yes No  
(Proof of citizenship or immigration status will be required upon employment.)

Do you have reliable transportation to and from work? Yes No

Can you travel if a job requires it?

Are you available to work holidays? Yes No

Have you ever been convicted of a felony? Yes No  
(if yes, please explain and list date of conviction)

EDUCATION:	Name of School & Location	Graduated		Major Subject/Degree and Focus
		Yes	No	
Grammar School				
High School				
College/University				
Other (specify)				

Subjects of special study or research work:

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Special Training or Additional Qualifications:

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Activities (Civic, Athletic, Etc.)

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You may exclude membership which would reveal sex, race, color, religion, age, marital status, national origin, citizenship, disability, veteran status, or any other status protected under State or Federal law.

AVAILABILITY: List below the hours you are available to work for each day.

AVAILABLE	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
FROM							
TO							

AVAILABILITY: List below the hours you are NOT available to work for each day.

NOT AVAILABLE	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
FROM							
TO							

Please list obligation/reason for unavailability to work during these times:

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Do you have any upcoming dates (vacation, special events, etc.) that you are not available to work?

If Yes, please list:

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FORMER EMPLOYERS: List your employers for the past ten years, starting with the most recent. If you need additional space, please continue on a separate sheet of paper.

Date, Month, & Year	Name, Address, and Telephone # of Employer	Salary	Position	Reason for Leaving
From		\$		
To		Per		
From		\$		
To		Per		
From		\$		
To		Per		
From		\$		
To		Per		
From		\$		
To		Per		
From		\$		
To		Per		
From		\$		
To		Per		
From		\$		
To		Per		
From		\$		
To		Per		

REFERENCES: Provide the names of three persons, not related to you, whom you have known at least one year.

Name	Address and Telephone Number	Years Acquainted
1.		
2.		
3.		

**\*Attach resume to the back of this application if you have one available.**

**APPLICANT'S STATEMENT:**

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application shall be considered active for a period of time not to exceed 45 days.

I UNDERSTAND AND ACKNOWLEDGE THAT, IF HIRED, MY EMPLOYMENT RELATIONSHIP WITH THIS ORGANIZATION WOULD BE OF AN "AT-WILL" NATURE, WHICH MEANS THAT THE EMPLOYEE MAY RESIGN AT ANY TIME AND THE EMPLOYER MAY DISCHARGE THE EMPLOYEE AT ANY TIME WITH OR WITHOUT CAUSE. IT IS FURTHER UNDERSTOOD THAT THIS "AT-WILL" EMPLOYMENT RELATIONSHIP MAY NOT BE CHANGED BY ANY WRITTEN DOCUMENT OR CONDUCT UNLESS AN AUTHORIZED EXECUTIVE OF THIS ORGANIZATION SPECIFICALLY ACKNOWLEDGES SUCH CHANGE IN WRITING.

Signed \_\_\_\_\_ Date \_\_\_\_\_