



EMPLOYMENT APPLICATION

Position Applying For: _____ Date: _____

_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|
Last Name First Name Middle Name Social Security #

_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|
Street Address Apt. # City State Zip

() -
Home Telephone Number

() -
Cell/Work/Message Telephone Number

Email: _____

May we contact you at work? Yes No

If you are a finalist for this position, may we contact your current employer for a reference?
Yes No

Are you legally eligible for employment in the United States? Yes No
Proof of eligibility will be required at time of employment.

Are you aware of any reason you cannot perform the essential functions of this job with or without reasonable accommodation? Yes No

Do you have relatives working for DLCC Yes No

Dept. _____

Name: _____ Relationship: _____

Personal Information

Comments: _____

Driver's License

Number _____ State _____

Which of the following do you have? High School Diploma GED

PLEASE LIST BELOW ALL EDUCATION BEYOND HIGH SCHOOL

School Name and Location	Dates		Major	Credits		Degree/Year Received	
	From:	To:		Sem.	Qtr.		

List any special training, workshops, seminars, etc. in which you have participated which relate to or are required for this position(s), certification(s), or other miscellaneous qualifications.

Please list your special skills and/or proficiency in the operation of specific equipment required for this position:

I certify that all statements made in this application and the attachments (if applicable) are true and complete to the best of my knowledge. I understand that any false statements or omission of material facts may subject me to disqualification or dismissal.

I agree to the above statement

Signature _____

Date _____

Beginning with your most recent job, list all employment for the last 3 Positions

Company Name	Position Title	From (Month/Year)	To (Month/Year)
Company Address/Phone	Name & Title of Supervisor		Hours Worked per Week
	Salary \$	Reason for Leaving	
Description of Duties:			

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Employment History

Please Print Name _____ Social Security No. _____ - -

Have you ever been convicted of a felony? Yes No

Have you been convicted of a misdemeanor during the last five years? Yes No

If you answered yes to either question, please explain: _____