

APPLICATION FOR EMPLOYMENT



DMI Corp. consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

(PLEASE PRINT)

Position Applied For:	Date of Application:
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Last Name:	First Name:	Middle Name/Initial:
Address: <i>Number</i> <i>Apt.</i> <i>Street</i>	<i>City:</i>	<i>State:</i> <i>Zip:</i>
Telephone: _____	Social Security Number (voluntary):	
E-Mail:		

Best time to contact you at home is.....	<input type="checkbox"/> AM	<input type="checkbox"/> PM
If you are under 18 years of age, can you provide required proof of your eligibility to work?.....	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Have you ever filed an application with us before?.....	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If yes, give date _____		
Have you ever been employed with us before?.....	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If yes, give date _____		
Do any of your friends or relatives work here?.....	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are you currently employed?.....	<input type="checkbox"/> YES	<input type="checkbox"/> NO
May we contact your current employer?.....	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are you prevented from lawfully becoming employed in this country due to Visa or Immigration Status?.....	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<i>(Proof of citizenship or immigration status will be required upon employment)</i>		
Date available for work: _____	Desired salary/hourly rate: _____	<input type="checkbox"/> / YR <input type="checkbox"/> / HR
Are you able to work: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary (Please indicate days/times available in not full-time): _____		
Are you currently on "lay-off" status and subject to recall?.....	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Can you travel if a job requires it?.....	<input type="checkbox"/> YES	<input type="checkbox"/> NO

DMI CORP. IS AN EQUAL OPPORTUNITY EMPLOYER

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status

1	EMPLOYER		DATES EMPLOYED		WORK PERFORMED
			FROM	TO	
	ADDRESS				
	TELEPHONE NUMBER(S)		HOURLY RATE / SALARY		
			STARTING	ENDING	
JOB TITLE		SUPERVISOR			
REASON FOR LEAVING					
2	EMPLOYER		DATES EMPLOYED		WORK PERFORMED
			FROM	TO	
	ADDRESS				
	TELEPHONE NUMBER(S)		HOURLY RATE / SALARY		
			STARTING	ENDING	
JOB TITLE		SUPERVISOR			
REASON FOR LEAVING					
3	EMPLOYER		DATES EMPLOYED		WORK PERFORMED
			FROM	TO	
	ADDRESS				
	TELEPHONE NUMBER(S)		HOURLY RATE / SALARY		
			STARTING	ENDING	
JOB TITLE		SUPERVISOR			
REASON FOR LEAVING					
4	EMPLOYER		DATES EMPLOYED		WORK PERFORMED
			FROM	TO	
	ADDRESS				
	TELEPHONE NUMBER(S)		HOURLY RATE / SALARY		
			STARTING	ENDING	
JOB TITLE		SUPERVISOR			
REASON FOR LEAVING					

If you need additional space, please continue on a separate sheet of paper.

List professional, trade, business or civic activities and offices held. You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:

ADDITIONAL INFORMATION

OTHER QUALIFICATIONS

SUMMARIZE SPECIAL JOB-RELATED SKILLS AND QUALIFICATIONS ACQUIRED FROM EMPLOYMENT OR OTHER EXPERIENCE.

SPECIALIZED SKILLS

LIST ANY SOFTWARE PROGRAMS APPLICABLE TO THE POSITION FOR WHICH YOU ARE APPLYING OR ANY PRODUCTION / MACHINERY / TOOLS THAT WILL BE REQUIRED IN THIS POSITION.

State any additional information you feel may be helpful to us in considering your application.

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of the activities involved in such a job or occupation has been given. YES NO

REFERENCES

(NAME)		(RELATIONSHIP)		(PHONE)	
(STREET ADDRESS)	(APT)	(CITY)	(STATE)	(ZIP)	
(NAME)		(RELATIONSHIP)		(PHONE)	
(STREET ADDRESS)	(APT)	(CITY)	(STATE)	(ZIP)	
(NAME)		(RELATIONSHIP)		(PHONE)	
(STREET ADDRESS)	(APT)	(CITY)	(STATE)	(ZIP)	

APPLICANT'S STATEMENT

I certify that the answers given herein are true and complete.

I authorize DMI Corp. to investigate all statements contained within this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. I understand that to be considered for employment beyond this time period I will need to inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with DMI Corp. is of an "at will" nature, which means that I may resign at any time and DMI Corp. may discharge me 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 by conduct unless such change is specifically acknowledged in writing by an authorized representative of DMI Corp.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in my discharge. I understand, also, that I am required to abide by all rules and regulations of DMI Corp. as spelled out in the DMI Corp. Employee Handbook. Furthermore, I understand that before a position can be offered to me that I will be required to pass a drug screen test administered by the DMI Corp. Safety Director at DMI Corp.'s expense and that should I fail the test I have the right to have a second test administered by a third party at my expense.

Signature of Applicant

Date

FOR PERSONNEL DEPARTMENT USE ONLY

ARRANGE INTERVIEW YES NO

REMARKS:

INTERVIEWED BY:

DATE:

HIRED: YES NO

STARTING DATE:

HOURLY RATE/ANNUAL SALARY:

JOB TITLE:

DEPARTMENT: