|  |
| --- |
| **EOE Statement** |
| **We are an equal employment opportunity employer. All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, national origin, disability status, protected veteran status or any other characteristic protected by law.** |
|  | **Personal Information** |
| Candidate: |  | Date Created: |  |
|  |  | Date of Application: |  |
| Position: |  | Application Method: |  |
| Location: |  | Referral Source: |  |
| Main Phone: |  | Alternate Phone: |  |
| Address: |  |
| Email Address: |  |
| **Core Questions** |
| Please enter the name of the specific source where you learned about this position: |
|  |
| Are you at least 18 years of age or older? |
|  |
| Why do you feel you are qualified for this position? |
|  |
| **Education** |
| Institution: |  | Institution Type: |  |
| Location: |  | Start Date: |  |
| Degree: |  |
| Major: |  |
| Notes: |  |
| Institution: |  | Institution Type: |  |
| Location: |  | Start Date: |  |
| Degree: |  |
| Major: |  |
| Notes: |  |
| Institution: |  | Institution Type: |  |
| Location: |  | Start Date: |  |
| Degree: |  |

Education continued...

|  |  |
| --- | --- |
| Major: |  |
| Notes: |  |
| **Employment History** |
| Employer: |  |
| Phone: |  |
| Job Title: |  |
|  |
| Reason for Leaving: |  |
| Dates of Employment: | From:  | To: |  |
| Supervisor: |  |
| May we contact? |  |
| Employer: |  |
| Phone: |  |
| Job Title: |  |
|  |
| Reason for Leaving: |  |
| Dates of Employment: | From:  | To: |  |
| Supervisor: |  |
| May we contact? |  |
| Employer: |  |
| Phone: |  |
| Job Title: |  |
|  |
| Reason for Leaving: |  |
| Dates of Employment: | From:  | To: |  |

Employment History continued...

|  |  |
| --- | --- |
| Supervisor: |  |
| May we contact? |  |
| Employer: |  |
| Job Title: |  |
|  |
| Reason for Leaving: |  |
| Dates of Employment: | From:  | To:  |  |
| Supervisor: |  |
| May we contact? |  |
|  | **US Military Experience** |  |
| Branch of Service: |  |  |
| Rank at Discharge: |  | Years in Service: |  |
| Highest Rank Attained: |  | Are you currently in the reserves? |  |
| Additional Information: |  |  |
|  | **Skills Experience** |  |
| Skill: |  |  |
| Last Used: |  | Skill Level: |  | Years of Experience: |  |
| Skill Summary: |  |  |
| Skill: |  |  |
| Last Used: |  | Skill Level: |  | Years of Experience: |  |
| Skill Summary: |  |  |
| Skill: |  |  |
| Last Used: |  | Skill Level: |  | Years of Experience: |  |
| Skill Summary: |  |  |
|  | **Licenses and Certifications** |
| Certification Type: |  | Registration Number: |  |
| Geographic Area: |  | Certification Date: |  |
| Additional: |  |
| Certification Type: |  | Registration Number: |  |
| Geographic Area: |  | Certification Date: |  |
| Additional: |  |
| Certification Type: |  | Registration Number: |  |

|  |
| --- |
| Licenses and Certifications continued... |
| Geographic Area: |  | Certification Date: |  |
| Additional: |  |  |  |
|  |  | **Work Schedule** |
| **Day** | **Hours Available for Work** |  |
| Sunday | anytime |  |
| Monday | anytime |  |
| Tuesday | anytime |  |
| Wednesday | anytime |  |
| Thursday | anytime |  |
| Friday | anytime |  |
| Saturday | anytime |  |
| **Additional Information** |
|  |
| **Please read carefully before signing** |
| DCC is committed to provide equal employment opportunities and ensure a workplace free from discrimination. DCC shall not discriminate against any applicant or Employee because of age (40 years or older) ancestry, color, family and medical leave, engaging in a protected activity, gender, gender identity or expression, genetic characteristic, marital status, medical condition, military or veteran status, national origin, citizenship status, political affiliation, physical or mental disability including HIV and AIDS, race, religion, sex (including pregnancy, childbirth, and related conditions), and sexual orientation, or any other trait protected by law.I certify that the facts set forth in this employment application and attached application materials including but not limited to my resume, are complete, true and accurate to the best of my knowledge. I understand that any falsification, misrepresentation, or omission of any information may result in disqualification from consideration for this position or if hired, disciplinary action up to and including discharge.I understand that as part of the hiring process and where permitted by federal, state, and;or local law the company may wish to obtain; consumer reports; as part of a background investigation. If applicable and permitted by law, I understand the company will provide me with separate written notification of this intent and I agree to complete any requisite authorizationThis company is an at-will employer as allowed by applicable state law. If hired, I understand this means that either the company or I may terminate the employment relationship at any time, for any reason, with or without notice or cause. Further, no employee or representative of the company is authorized to enter into an agreement, express or implied, |

continued...

|  |
| --- |
| with me or any other applicant for employment for a specified period of time unless such an agreement is in a written contract signed by the CEO of the organization.I authorize the organization to confirm all statements in this application and;or on my resume as it relates to the position and to the extent permitted by applicable law. I hereby release the company and its authorized representatives to verify all information provided by me. I authorize any party contacted by this employer including persons, schools, organization or former employers to disclose such information from any liability, claims, charges or causes of action which may result of the delivery or disclosure of requested information.I have read all of the information contained in this candidate profile |
|  Print Name:  |
|  Signature: Date:  |
| **Please read carefully before signing** |
| I have reviewed all the information listed on this application. By signing below I acknowledge the following: (Select One) |
| YesNo |  | I have made changes or modifications to this application. These changes or modifications were made on page(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_I have not made changes or modifications to this application. |
|  |
|  |
|  Print Name: |
|  Signature: Date: |