

DO IT BEST DELPHI HARDWARE & PAINT

215 WEST FRANKLIN ST.
P.O. BOX 499
DELPHI, IN 46923
765-564-3657

DIVISION OF J & K WATSON ENTERPRISES OFFICE: 765-564-6045

APPLICATION FOR EMPLOYMENT

WE ARE AN EQUAL OPPORTUNITY EMPLOYER, DEDICATED TO A POLICY OF NON-DISCRIMINATION IN EMPLOYMENT ON ANY BASIS INCLUDING RACE, CREED, COLOR, AGE, SEX, RELIGION, NATIONAL ORIGIN OR HANDICAP OR VETERAN STATUS.

PERSONAL INFORMATION: DATE _____ SOCIAL SECURITY # _____
NAME: (LAST) _____ (FIRST) _____ (MIDDLE) _____

PRESENT ADDRESS: _____ CITY, STATE & ZIP _____

PERMANENT ADDRESS: _____ CITY, STATE, & ZIP _____

PREVIOUS ADDRESS: _____

E-MAIL ADDRESS: _____

ARE YOU A U. S. CITIZEN? _____

PHONE NO. _____ HEIGHT _____ WEIGHT _____ BIRTH DATE _____
(OPTIONAL) (OPTIONAL) (OPTIONAL)

MARITAL STATUS- CHECK WHAT APPLIES BELOW
SINGLE _____ ENGAGED _____ MARRIED _____ (DATE) _____
SEPARATED _____ DIVORCED _____ WIDOWED _____

NUMBER OF DEPENDENTS, INCLUDING YOURSELF _____

ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THE UNITED STATES? _____

WILL YOU WORK OVERTIME IF ASKED? YES- _____ NO- _____

STATE NAME AND DEPARTMENT OF ANY RELATIVES OTHER THAN SPOUSE, ALREADY EMPLOYED BY THIS COMPANY. _____

REFERRED BY: _____

EMPLOYMENT DESIRED:

POSITION _____ DATE YOU CAN START _____

SALARY DESIRED _____ ARE YOU EMPLOYED NOW? _____

IF SO MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? YES- _____ NO- _____

EVER APPLIED TO THIS COMPANY BEFORE? _____

WHERE? _____ WHEN? _____

HAVE YOU EVER BEEN BONDED ? _____ IF YES, WHERE _____

HAVE YOU BEEN CONVICTED OF A CRIME IN THE PAST TEN YEARS, EXCLUDING MISDEMEANORS, AND SUMMARY OFFENSES, WHICH HAS NOT BEEN ANNULLED, EXPUNGED OR SEALED BY A COURT? _____

IF YES PLEASE DESCRIBE, _____

**THIS IS A NON-SMOKING COMPANY IF YOU USE TOBACCO PLEASE DO NOT APPLY!!
NO TOBACCO OF ANY KIND**

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EDUCATION:

	NAME & LOCATION OF SCHOOL	CIRCLE LAST YEAR COMPLETED	DID YOU GRADUATE?	SUBJECTS STUDIED AND DEGREES RECEIVED
GRAMMAR				
HIGH SCHOOL		1 2 3 4		
COLLEGE		1 2 3 4		
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL		1 2 3 4		

SKILLS: _____

GOALS: _____

SUBJECT OF SPECIAL STUDY OF RESEARCH WORK _____

ACTIVITIES OTHER THAN RELIGIOUS (CIVIC, ATHLETIC, ETC.)

(EXCLUDE ORGANIZATIONS THE NAME OR CHARACTER OF WHICH INDICATES THE RACE, CREED, COLOR, OR NATIONAL ORIGIN OF MEMBERS) _____

FORMER EMPLOYERS: LIST BELOW LAST FOUR EMPLOYERS START WITH LAST ONE FIRST.

DATE: MONTH & YEAR	NAME, ADDRESS, AND PHONE NUMBER	SALARY	POSITION	REASON FOR LEAVING
1. FROM TO				
2. FROM TO				
3. FROM TO				
4. FROM TO				

REFERENCES: GIVE BELOW THE NAMES OF THREE PERSONS NOT RELATED TO YOU, AND THAT YOU HAVE KNOWN FOR AT LEAST ONE YEAR:

NAME	ADDRESS	BUSINESS	YRS ACQUAINTED	TELEPHONE #.

WE MAY CONTACT REFERENCES LISTED ABOVE UNLESS YOU INDICATE THOSE YOU DO NOT WANT US TO CONTACT. _____

REASON: _____

PHYSICAL RECORD: DO YOU HAVE ANY PHYSICAL CONDITION WHICH MAY LIMIT YOUR ABILITY TO PERFORM THE JOB APPLIED FOR? _____

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IN CASE OF EMERGENCY NOTIFY:

NAME _____ ADDRESS _____ PHONE # _____

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS IN THIS APPLICATION. I UNDERSTAND THAT MISREPRESENTATION OR OMISSION OF FACTS CALLED FOR IS CAUSE FOR DISMISSAL. FURTHER I UNDERSTAND AND AGREE THAT MY EMPLOYMENT IS OF NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED WITHOUT PREVIOUS NOTICE.

DATE: _____ SIGNATURE: _____

WE RESERVE THE RIGHT TO VOID ANY APPLICATION NOT FULLY COMPLETED.

DO NOT WRITE BELOW THIS LINE

REFERENCE CHECK:

EMPLOYER	PERSON CONTACTED	RESULTS
1.		
2.		
3.		
4.		

INTERVIEWED BY _____ DATE _____
REMARKS _____

INTERVIEWED BY _____ DATE _____
REMARKS _____

INTERVIEWED BY _____ DATE _____
REMARKS _____

NEATNESS _____ CHARACTER _____

PERSONALITY _____ ABILITY _____

HIRED _____ FOR DEPT _____ POSITION _____

WAGES _____ TERMS _____

APPROVED BY: _____

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