

DWD Company
An Equal Opportunity Employer
APPLICATION FOR EMPLOYMENT

This application is good for 60 days only.

Consideration for employment after 60 days requires a new application.

Please complete application in ink – incomplete or unsigned applications will not be considered.

Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Company.

PLEASE PRINT

Name (Last) (First)		(Middle Initial)	
Street Address		City, State, Zip Code	
Telephone (Home) (Other) (Email)		Social Security Number	
Are you legally eligible for employment in the U.S.? Yes No		Are you over age 18? Yes No	
If position requires, are you willing to travel? Yes No		Rate of pay desired: \$ per	
Position desired:		Full Time YES____ NO____	
When will you be available for work? _____/_____, _____ (month) (day) (year)			
Are you able to meet the attendance requirements? Yes No			
Do you have any objection to working overtime if necessary? Yes No			
Drivers license number:		____CDL CLASS _____ENDORSEMENT(S)	
Personal License Plate number:			
Personal Vehicle Description:			
Who should be notified in case of emergency: Name: _____ Address: _____ Telephone No: _____ Relationship: _____			
How were you referred to DWD Company? Own Accord Advertisement (Name of Newspaper) _____ Referral: (Name of Referral) _____ Agency: (Name of Agency) _____ Other: _____			
Have you previously been employed by DWD Company or affiliates? Yes No If yes, give dates:			
Have you ever been convicted of a crime, other than a minor traffic offence? YES or NO If yes, describe conditions: <i>A conviction will not necessarily disqualify you for employment. Related factors such as age and date of conviction, seriousness and nature of the crime, and rehabilitation will be considered.</i>			
<i>EQUAL EMPLOYMENT OPPORTUNITY. DWD Company, and its affiliates, is an equal opportunity employer. DWD Company does not discriminate against applicants or employees on the basis of race, color, sex, religion, marital status, national origin, age, veteran status, disability, or other protected classification. This policy of nondiscrimination extends to all terms, conditions and privileges of employment and to all personnel actions.</i>			

EDUCATION

<i>Name and Address of School</i>	<i>Number of Years Completed</i>	<i>Graduated</i>	<i>Major/Degree</i>
<i>High School</i>		<i>Yes No</i>	
<i>College</i>		<i>Yes No</i>	
<i>Business or Trade</i>		<i>Yes No</i>	
<i>Other</i>		<i>Yes No</i>	

Describe any educational course(s), program(s) you are currently enrolled in. Also indicate the target date for completion:

EMPLOYMENT BACKGROUND	
List below all current and former employers, beginning with the most recent. Account for ALL periods between jobs. Attach separate sheets if necessary. If any employment was under a different name, indicate name _____.	
1 Company	From To Supervisor Mo/Yr Mo/Yr
Address	
Titles and Duties	Salary Starting, Ending
	Reason for Leaving
2 Company	From To Supervisor Mo/Yr Mo/Yr
Address	
Titles and Duties	Salary Starting, Ending
	Reason for Leaving
3 Company	From To Supervisor Mo/Yr Mo/Yr
Address	
Titles and Duties	Salary Starting, Ending
	Reason for Leaving
4 Company	From To Supervisor Mo/Yr Mo/Yr
Address	

Titles and Duties	Salary Starting, Ending
5 Company	From To Supervisor Mo/Yr Mo/Yr
Address	
Titles and Duties	Salary Starting, Ending
Please check employers we may contact for references: 1 2 3 4 5	
Explain why you are interested in working for DWD Company:	
Are there any other experiences, skills, or qualifications which you feel would especially qualify you for work at DWD Company? (e.g. technician certifications, etc.) Please provide as much detail as possible.	
Please provide work related References	
Name:	
Address:	
Phone#:	
Name:	
Address:	
Phone#:	
Name:	
Address:	
Phone#:	
Name:	
Address:	
Phone#:	

APPLICANT ' S CERTIFICATION AND AGREEMENT

I certify that the information set forth in the attached Application for Employment is true and compete to the best of my knowledge, and I authorize DWD Company to verify its accuracy and to obtain reference information on my education, background and work performance. I hereby authorize my previous employers (as indicated), educational institutions and references to release such information as may be requested by DWD Company, and I release them from any and all liability, claims or damages that may result from the use, disclosure or release of any such information. I also release DWD Company from any and all liability of whatever kind and nature which, at any time, could result from obtaining and having an employment decision based on such information. I understand that any false statements, omissions, or misrepresentations made in this application may be grounds for rejecting my employment application, and if I am employed by DWD Company, termination of my employment from DWD Company.

I authorize that DWD Company may conduct criminal, credit, and driving record checks. I hereby authorize DWD Company to obtain a consumer credit report for employment purposes and I acknowledge that I have received prior written notification that a consumer credit report may be obtained for employment purposes.

Following an offer of employment, and, as a continuing condition of employment should I be hired, DWD Company may require that I submit to a medical examination. DWD Company also reserves the right to require me to undergo drug testing prior to employment or at any time during my employment, to the extent permitted by law.

I also understand that if I am employed, I will be required to provide satisfactory proof of identity and legal work authorization within three days of being hired. Failure to submit such proof within the required time shall result in immediate termination of employment.

I agree that if an employment offer is extended to me and accepted, I will comply with all of DWD Company policies, rules and regulations. However, I understand that neither the policies, rules, regulations nor anything said during the interview process shall be deemed to constitute the terms of an implied employment contract. I understand that any employment offered is for an indefinite duration and is at will. I further understand that I or DWD Company may terminate my employment at any time with or without prior notice, and for any reason not prohibited by law.

I represent and warrant that I have read and fully understand the foregoing, and that I seek employment under these conditions.

Signature of Applicant _____

Date _____

MOTOR VEHICLE RECORD DISCLOSURE AND RELEASE FORM

In connection with my ongoing employment or my application for employment, should I have or secure a position with the Named Company below, I understand that a motor vehicle record may be requested. I further understand that such report(s) will contain personal information and public record information concerning my driving record from federal, state, and other agencies that maintain such records, as well as independent services that provide driving record information.

I hereby authorize, without reservation, any party or agency contacted by Named Company or Named Agency to furnish information to the Named Agency or its agents or representatives.

I hereby authorize procurement of my motor vehicle report. If hired, this authorization shall remain on file and serve as ongoing authorization for the Named Company/Named Agency to procure such reports at any time during my employment with Named Company. **I understand that Named Company's commercial auto insurer and Named Agency will also use this information in conjunction with loss control and safety review efforts.**

Named Company:

Address:

Date: Fax # Phone #

Contact person to receive information on MVR

Named Agency:

Address:

Authorization to Release "Motor Vehicle Report"

To be completed by current/prospective employee.

Individual's Full Name

Last First Middle

Date of Birth Driver's License # State

Employee Prospective Employee

I hereby grant permission for the Named Agency to secure my Motor Vehicle Record (MVR) to determine my "driving" insurability under the automobile policy of the Named Company listed above. I also affirm that the statements made above are stated truthfully and without reservation. I understand that my MVR is likely to contain my driving record, including a record or arrests for driving offenses, and that the Named Agency will let the Named Company know (by a yes/no) if I am eligible as a driver on the Named Company's commercial auto policy. Additionally, I understand that the contents of my MVR may be used to underwrite Named Company's commercial insurance. I understand that this authorization will continue in force until either: (1) I am no longer employed with Named Company, or (2) Named Agency no longer provides insurance services to Named Company.

SIGNATURE

OFFICE USE ONLY:

REVIEWED BY (MANAGER NAME) _____

REVIEWED ON (DATE) _____