

APPLICATION FOR EMPLOYMENT

DEE, Inc is an equal employment opportunity employer and will not discriminate against any applicant or employee on any grounds protected under federal, state, or local law, including race, color, creed, religion, age, gender, national origin, ancestry, marital status, handicap, disability related to pregnancy or childbirth, affectional or sexual preference, membership or activity in any local commission, or status regarding public assistance, membership or non-membership in any labor organization, or any other characteristic protected under federal, state or local law. None of the questions in this application are intended to elicit information regarding any protected characteristics, nor imply any limitation, preference, or discrimination based protected characteristics.

If DEE, Inc. hires you, you will be employed on an at-will basis. As an at-will employee, you may terminate your employment at any time and for any reason. Similarly, if you are hired, DEE, Inc. will have the right to terminate your employment at any time and for any reason.

NAME
POSITION APPLYING FOR
DATE

Answer ALL Questions Completely – Please Print – Be Sure to Complete All Applicable Pages!

NAME			SOCIAL SECURI	TY#: XXX-XX-		
LAST	FIRST	MI		<u>2001,01</u>	LAST 4 #'s	
PRESENT ADDI	RESS: STREET OR PO BOX	CITY		STATE	ZIP	
PERMANENT A		CITT		SIAIL	ZIF	
PERIVIAINENTA	STREET OR PO BOX	CITY		STATE	ZIP	
HOME/CELL PHONE NO: OTHER F			J CAN BE REACH	ED AT:		
	LYING FOR:		DATE AVAILABLE	5		
		DATE AVAILABLEHOURS AVAILABLE				
ONDARI DI LO						
SHIFT DESIRED	: θ day shift θ swing shift θ graveyar) SHIFT	θ any shift	θ fulltime	θ part-time	
Have you app	lied at DEE, Inc. before? θ Yes θ No If yes, when?					
Have you eve	r worked for DEE, Inc. before? θ Yes θ No If yes,	when?				
Reason for lea	ving DŒ, Inc., if applicable?					
. 1000011 101 100						
			1			
Education	Name and Location of School	No. of Years	Did you Graduate?	N	lajor	
High School						
College						
Trade						
	d in the Military O		Dank			
Have you served in the Military? If yes, which Branch? Rank						
Briefly describe your military duties if any may be related to position applied for: Present Membership in National Guard or Reserves?						
	rug and Alcohol free workplace. Applicants for employment are r				Are you propered to do	
so? o Yes o		equired to sc	abiliit for a pre -e mp	Dioyinent drug test.	Are you prepared to do	
Applicants for employment are required to submit for post-offer medical examinations to determine if they are able to perform the essential functions of the position. Are you prepared to do so? o Yes o No						
permanent resid	ed for an interview, you must have a current (non-expired) picture dence card, etc. THIS MUST BE PRESENTED UPON INTERVIEW, rity. Are you able to present these documents upon interview?	as we partici	pate in the E-Verify			
Are vou availab	le for overtime work in the evening and on weekends as may be r	equired? o	Yes o No			
If no, please explain:						
DE, Inc. has policies on harassment, discrimination and violence, equal employment opportunity, policies which require employees to perform all assigned work and mandatory overtime, policies requiring wage or salary deduction authorizations by employees for employer property, debts or monies not returned or repaid, an at-will employment policy, solicitation and distribution policies and policies requiring employees to observe all standards of conduct, policies and work rules of DE, Inc.						

Do you agree, if hired, to comply with these and all other current or subsequently adopted DEE, Inc. policies? o Yes o No

Please list all employers during last ten years, with present or last employer first. If more space is needed, attach an additional page.

EMPLOYER NAME, ADDRESS & TELEPHONE	POSITION & FINAL PAY RATE	SUPERVISOR'S NAME & TITLE	DATES OF EMPLOYMENT
Company:	Position:	Name:	From:
Address:	Duties:		То:
Telephone:	Circle: Part-time/Full-time Wage:	<u>Title:</u>	Reason for leaving: Can we contact? o Yes o No
Company:	Position: Duties:	Name:	From: To:
Address:		Title:	Reason for leaving:
<u>Telephone:</u>	Circle: Part-time/Full-time Wage:		Can we contact? o Yes o No
Company:	Position: Duties:	Name:	From: To:
Address:		<u>Title:</u>	Reason for leaving:
<u>Telephone:</u>	Circle: Part-time/Full-time Wage:		Can we contact? o Yes o No

REFERENCES: Give the names of three people **not related** to you, whom you have known at least one year.

INDIVIDUAL'S NAME	PHONE	COMPLETE ADDRESS	OCCUPATION	YEARS ACQUAINTED

ACKNOWLEDGEMENT: PLEASE READ AND SIGN

(If you agree)

By my signature below, I certify that the information provided in this employment application (and in any related documentation or interview) is true and complete, and I agree and understand that any false or misleading information or significant omissions may disqualify me from further consideration for employment, and may lead to my dismissal from employment, if discovered at a later date.

I authorize any person, school, current or prior employer named in this form (or related documentation or interview) to provide DEE, Inc. with any information and opinion requested by DEE, Inc. in connection with my application, and I release such persons, employers and schools from any liability in making such statements.

I UNDERSTAND THAT THIS APPLICATION DOES NOT CREATE A CONTRACT OF EMPLOYMENT. I UNDERSTAND THAT, IF HIRED, I AM OBLIGED TO COMPLY WITH ANY AND ALL CURRENT AND SUBSEQUENTLY ADOPTED DEE, INC. POLICIES, AND THAT DEE, INC. DOES NOT OFFER CONTRACTS, PROMISES OR REPRESENTATIONS RELATED TO EMPLOYMENT. I UNDERSTAND AND AGREE THAT, IF HIRED, MY EMPLOYMENT IS FOR NO DEFINITE PERIOD OF TIME, AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF WAGES OR SALARY, BE TERMINATED AT ANY TIME AND FOR ANY REASON.

I also understand because DEE, Inc. is a manufacturing business and that I must be 18 years of age to be employed.

All employment offers are made contingent upon satisfactory proof of legal authorization to work in the United States according to law. I understand that failure to provide satisfactory proof of identity and authorization to work in the United States will disqualify me from employment.

Applicants signature	Date	



DE, Inc. is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, we invite you to complete the information below. Providing any information on this form is voluntary. No actions will be taken for failure to complete this form. This will not be a factor in determining employment, conditions of employment or continuing employment. This is not considered part of your application and will be kept confidential and separate from your application.

Thank you for taking the time to complete this form.

Applicant Information

Date:		
Name:	SS	N: XXX-XX
	Referral Source	ce
Walk In	Advertisement Source	e
Employment Referral	Private Employment	Agency
Relative	School	
Other		
	⊞O-1 Report	ing
RACE/ETHNIC IDENTITY		
White		_Black/African American
American Indian/Alaskan Na	ativeAsian	
Native Hawaii/Pacific Island	derTwo or More	Races
GENDER		
Male	Female	
	1 0/1/4/0	
	Vets-Reporting	ng
Disabled Veteran	Other Protected Veteran	Vietnam Era Vet
Armed Forces Service Meda	al Veteran	Campaign Veteran