

# DO-ALL, INC. APPLICATION FOR EMPLOYMENT

Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin, handicap or veteran status.

PERSONAL

Last name                      First                      Middle

Street Address

City, State, Zip

Have you ever applied for employment with us?  
 Yes                      No                      If yes: Month and Year

Position Desired

Apart from absence for religious observance, are you available for full-time work?  
 Yes                      No                      If not, what hours can you work

Are you legally eligible for employment in the United States

Have you ever been convicted of a felony?    YES                      NO  
 Explain:

Other special training or skills (languages, machine operation, etc.)

Date

Home Telephone

Business Telephone

Pay Expected

Will you work overtime if asked?

When will you be available to begin work?

Are you 18 years of age or older?  
 Yes                      No

EDUCATION

School	Name and Location of School	Course of Study	No. Of Years Completed	Did you Graduate	Degree or Diploma
High School					
College					
Business/Trade/Technical					

**Membership in Professional or Civic Organizations**  
 (Exclude those which may disclose your race, color, religion or national origin)

## MILITARY

Did you serve in the U.S. Armed Forces?  
 Yes                      No

If "Yes," in what Branch?

Describe any training received relevant to the position for which you are applying

# EMPLOYMENT

Please give accurate, complete full-time and part-time employment record. Start with your present or most recent employer.

1	Company Name	Telephone
	Address	Employment (State Month and Year) Starting Date      Ending Date
	State Job Title and Describe Your Work	Weekly pay _____ Reason for Leaving _____

2	Company Name	Telephone
	Address	Employment (State Month and Year) Starting Date      Ending Date
	State Job Title and Describe Your Work	Weekly pay _____ Reason for Leaving _____

3	Company Name	Telephone
	Address	Employment (State Month and Year) Starting Date      Ending Date
	State Job Title and Describe Your Work	Weekly pay _____ Reason for Leaving _____

We may contact the employers listed above unless you indicate those you do not want us to contact.  
**DO NOT CONTACT**

Employer Number (s) \_\_\_\_\_  
Reason \_\_\_\_\_

**REFERENCES: GIVE NAMES OF THREE PERSONS NOT RELATED TO YOU WHOM YOU HAVE KNOWN AT LEAST ONE YEAR**

NAME	ADDRESS	TELEPHONE NO.	BUSINESS/OCCUPATION	YEARS ACQUAINTED

SIGNATURE	The information provided in this Application for Employment is true, correct and complete. If you employ me, any miss- statement or omission of fact on this application may result in my dismissal.	
	I understand that acceptance of an offer of employment creates no obligation upon you, the employer, to continue to employ me in the future.	
	_____ DATE	_____ SIGNATURE