

APPLICATION FOR EMPLOYMENT



D.I.G.
DEFINITIVE INDUSTRIAL GROUP

6980 B Industrial Road Beaumont, TX 77705
(409) 299-9631 Office
(409) 220-8355 Fax
HR@definitiveindustrialgroup.com

We are an equal opportunity employer, dedicated to a policy of nondiscrimination in employment on any basis including race, creed, color, age, sex, religion, disability, national origin, or veteran status.

Applicant Name:

P E R S O N A L	LAST NAME		FIRST	MIDDLE	DATE
	STREET ADDRESS				HOME PHONE ()
	CITY, STATE, ZIP				CELL PHONE ()
	HAVE YOU EVER APPLIED FOR EMPLOYMENT WITH US? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes: Month and Year Location				SOCIAL SECURITY NO.
	POSITION DESIRED			YEARS EXPERIENCE	PAY EXPECTED
	ARE YOU AVAILABLE FOR? <input type="checkbox"/> Day Shift <input type="checkbox"/> Night Shift <input type="checkbox"/> Both			WILLING TO TRAVEL? <input type="checkbox"/> Yes <input type="checkbox"/> No	WILL YOU WORK OVERTIME IF ASKED? <input type="checkbox"/> Yes <input type="checkbox"/> No
	ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THE UNITED STATES?				WHEN WILL YOU BE ABLE TO BEGIN WORK?
	DO YOU OWN YOUR OWN TOOLS? <input type="checkbox"/> Yes <input type="checkbox"/> No			TRADE: YEARS AT TRADE:	
E-mail address:					

Last

First

EMPLOYMENT HISTORY

PLEASE GIVE ACCURATE, COMPLETE FULL-TIME AND PART-TIME EMPLOYMENT RECORD. START WITH PRESENT OR MOST RECENT EMPLOYER.

1	FIRST MOST RECENT: COMPANY NAME		TELEPHONE ()
	ADDRESS		EMPLOYED (STATE MONTH AND YEAR) From To
	NAME OF SUPERVISOR		HOURLY PAY Start Last
	STATE JOB TITLE AND DESCRIBE YOUR WORK		REASON FOR LEAVING
2	SECOND MOST RECENT: COMPANY NAME		TELEPHONE ()
	ADDRESS		EMPLOYED (STATE MONTH AND YEAR) From To
	NAME OF SUPERVISOR		HOURLY PAY Start Last
	STATE JOB TITLE AND DESCRIBE YOUR WORK		REASON FOR LEAVING
3	THIRD MOST RECENT: COMPANY NAME		TELEPHONE ()
	ADDRESS		EMPLOYED (STATE MONTH AND YEAR) From To
	NAME OF SUPERVISOR		HOURLY PAY Start Last
	STATE JOB TITLE AND DESCRIBE YOUR WORK		REASON FOR LEAVING

MI

Position

Date

<p>We may contact employers listed above unless you indicate those you do not want us to contact.</p>	<p style="text-align: center;">DO NOT CONTACT</p> <p>Employer Number(s) _____ Reason _____</p>
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Skills and Qualifications (i.e., current TWIC cards) Have you been skill assessed? (NCCER) Yes No

List current training cards:

EDUCATION

High School Attended and Location	No. of Years Completed	Did You Graduate?	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
College Attended and Location	No. of Years Completed	Did You Graduate?	Degree
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Trade, Business, or Correspondence School Attended and Location	No. of Years Completed	Did You Graduate?	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	

IN CASE OF EMERGENCY, NOTIFY:

NAME ADDRESS PHONE RELATIONSHIP

Please read the following statement carefully prior to signing this Application.

I, _____ hereby apply for employment with Definitive Industrial Group, Inc., (hereinafter referred to as EMPLOYER). I specifically verify that all the information provided in this APPLICATION FOR EMPLOYMENT is true, complete, and correct.

I agree any false statement or omission in this application shall be cause for rejection or dismissal. I hereby authorize Definitive Industrial Group to investigate any of the information included in this application and I release from liability those supplying such information. If an offer of employment is made, I agree to submit to a pre-employment physical and testing for drug use and understand that any employment offer may be conditioned on passing such tests. I will also provide proof of my right to work as required by "The Immigration Reform & Control Act of 1986." The use of this application form does not indicate there are positions open and does not in any way obligate Definitive Industrial Group. to provide employment. I understand that should I be employed, my employment is not for any definite period or succession of periods and is considered an "at will" arrangement. This means that I am free to terminate my employment at any time for any reason, as is Definitive Industrial Group. This application is current for only 30 days. At the conclusion of this time, if I have not heard from Definitive Industrial Group. and still wish to be considered for employment, it will be necessary to fill out a new application.

I will abide by the safety rules of this company.

If injured, I authorize my employer to use best judgment for treatment unless I instruct otherwise.

Applicant's Signature _____ Date _____

THIS APPLICATION EXPIRES 30 DAYS FROM THIS DATE

(FOR OFFICE USE ONLY)

CONDITIONAL JOB OFFER

Applicant: _____ Social Security Number: _____

Based on your request for employment and a preliminary interview, you are hereby offered employment with our organization.

This offer is conditioned upon your completing and our verifying the answers on your Application for Employment and successfully passing a criminal and social security background check in addition to a medical examination by a company doctor including a test for drug use.

False or intentionally misleading answers to these questions as well as false or misleading answers on your application and/or job interview, or your not having a safety or accident record satisfactory to us, unrelated to a disability, are grounds for rescinding this offer or terminating your employment.

Signed (Applicant): _____ Date: _____

Signed (Employer): _____ Date: _____