DEDICATED TECHNOLOGIES, INC. APPLICATION FOR EMPLOYMENT

Please print clearly in ink and complete both sides of the application in full

Position(s) Applied For:	Date of Application: ////		
		Date Available for Work:	/ /
NAME OF REFERRAL SOURCE:	Advertisement	Employee	Walk In
	Private Employment Agency	Relative Othe	r

A. PERSONAL INFORMATION

	Last	First	Middle					
Ado Str	dress (please list your current address and the p	previous addresses for the last five year City	<i>,</i>	7:-	No. of Voorg			
Str	eet	Спу	<u>State</u>	Zip	No. of Years			
Ho	me Phone Number ()							
Social Security Number								
Emergency Contact Name Relationship Day Time Phone								
Ma	y we contact you at work? Yes □ No □	If yes, work number						
Are	you 18 years of age or older? Yes \Box No							
Wh	at is your minimum salary requirement? \$							
Hav	ve you previously filed an application for emplo If yes, when and where did you apply?		es Inc.? Yes 🗆 No					
Hav	ve you ever been employed by the Company bef	fore? Yes 🗆 No 🗆						
an a	Have you ever been convicted of a felony or misdemeanor? (A conviction may be relevant if it is job related, but will not necessarily disqual an applicant from employment.) Yes \Box No \Box							
If y	es, please explain details in full, including dates			f case(s):				
	ired, will you be able to work during the norm lying? Yes □ No □ If no, please expl		d travel, required for t	- he positio	on(s) for which you a			
Are you legally eligible for employment in the United States? Yes \Box No \Box								

Dedicated Technologies, Inc. is an Equal Opportunity Employer

B. EMPLOYMENT RECORD

14. Please complete the chart below.

Position	Date From (mm/yyyy)	Date To (mm/yyyy)	Employer	City/State	Nature of Business	Compensation	Reason for leaving

C. EDUCATION AND QUALIFICATIONS

15. Please complete the chart below:

Name and Location of Institution (City/State/Country) 1.	Dates Attended (i.e. 1981-1985)	Year completed (circle one) 1 2 3 4	Course of Study (major/specialty)	Diploma/Degree and year received
2.		1 2 3 4		
3.		1 2 3 4		
4.		1 2 3 4		

16. Please describe, in specific terms, any education, foreign language or other special skills or training that would qualify you for the position.

17. Do you have a valid driver's license? Yes \Box No \Box

D. <u>REFERENCES</u>

18. Please give the name, address, telephone number, and email address of <u>three</u> professional references and <u>one</u> personal reference not related to you, whom you have known at least one year. Indicate whether the reference is professional or personal by inserting an "x" in the space provided.

	Name	Pers.	Prof.	Firm & Title	Address	Phone No.	Email Address
1.							
2.							
3.							
4.							

Applicant's Signature

Date

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