DEDICATED TECHNOLOGIES, INC. APPLICATION FOR EMPLOYMENT

Please print clearly in ink and complete both sides of the application in full $% \left(1\right) =\left(1\right) \left(1\right) \left($

	osition(s) Applied For:			Date of Application: /					
				Date Available for	r Work:	/	/		
	NAME OF REFERRAL SOURCE:	Advertisement		Employee		Walk I	n		
		Private Employm	ent Agency	Relative	Other _				
		A. PERSONAL	L INFORM	ATION					
1. 2.	Name								
	Last Address (please list your current address and th	First]					
	Street		City		State	Zip	No. of Years		
3.	Home Phone Number ()								
4.	Social Security Number								
5.	Emergency Contact Name Relationship Day Time Phone								
6.	May we contact you at work? Yes \square No \square If yes, work number								
7.	Are you 18 years of age or older? Yes □ No □								
8.	What is your minimum salary requirement? \$_								
9.	Have you previously filed an application for employment with the Dedicated Technologies Inc.? Yes No If yes, when and where did you apply?								
10.	Have you ever been employed by the Company before? Yes □ No □								
11.	Have you ever been convicted of a felony or misdemeanor? (A conviction may be relevant if it is job related, but will not necessarily disqualif an applicant from employment.) Yes \square No \square If yes, please explain details in full, including dates, details of offense(s) charged, jurisdiction, and disposition of case(s):								
						_			
12.	If hired, will you be able to work during the napplying? Yes \square No \square If no, please e	ormal days/hours in explain:			quired for t	he position	(s) for which you are		
13.	Are you legally eligible for employment in the UAll applicants hired are required by law to pro (USCIS), of their identity and eligibility for e	rovide documentar	y evidence, a	cceptable to the U	.S. Citizens	ship and Iı	nmigration Services		

Dedicated Technologies, Inc. is an Equal Opportunity Employer

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14. Please of Position	Date From (mm/yyyy)	Date To (mm/yyyy)	Employer		City/State		Nature of Business		Compensation	Reason for leaving
			C. <u>E</u>	DUCATIO	N ANI	QUA	LIFICATIO	<u>NS</u>		
	omplete the chart l									
	Name and Location of Institution (City/State/Country) 1.				Dates Attended Year complet (i.e. 1981-1985) (circle one)		circle one)	Course of Study (major/specialty)		Diploma/Degree and year received
2.						1 2	3 4			
3.						1 2				
4.						1 2	3 4			
20. Please §	om you have know	ess, telephone	e number, an	D. id email addre	REFE	RENC	essional referei			erence not related to x" in the space
Name	Pers.	Prof.	Firm &	& Title		Add	ress	Pł	none No.	Email Address
1.										
2.										
3.										
4.					-					
inquiries ma employment understand t conditioned Act of 1988.	de by the Company references, backg that any misinterpro- lipon my attesting a	y and its agen round (include etations, omis and demonstra I may leave th	nts to investi- ing criminal ssions, or fal- ating authori- ie Company	any) is compligate all states background, lise statement ization to wor or the Compa	ete and ments in driver's is cause k in the any may	accurate the appearance of rejudent the appearance of rejudent the appearance of the	e. I authorize plication, resund checks, and of ection or later of States in according to leave at any	all for ne, and ther ladismiss dance time i	rmer employers ard interview(s) pertawful matters), and sal. I understand with the Immigratif either believes it	ne, and via interview(s d references to answe aining to my educatior business experience. that my employment i on Reform and Contro is in our best interest t

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Applicant's Signature

Date