



# APPLICATION FOR EMPLOYMENT

Your interest in employment with our organization is appreciated. We comply with federal laws regarding equal employment opportunity. Qualified applicants are considered for all positions without regard to race, color, religion, gender, national origin, age, disability, veteran status, citizenship status or any other status protected by law.

Applications are kept active for one (1) year. If you have not been hired within one (1) year of the date of your application, you must re-file to be considered for future employment.

## PERSONAL INFORMATION (PLEASE PRINT)

NAME \_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
(FIRST) (MIDDLE) (LAST)

STREET ADDRESS \_\_\_\_\_ HOME PHONE NUMBER (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_ WORK PHONE NUMBER (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

DATE APPLIED \_\_\_\_ / \_\_\_\_ / \_\_\_\_ BEST TIME TO CALL \_\_\_\_\_ OTHER PHONE NUMBER (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

ARE YOU EMPLOYED NOW?  YES  NO IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER?  YES  NO  
MAY WE CONTACT YOU AT WORK?  YES  NO

ARE YOU ON LAY-OFF AND SUBJECT TO RECALL?  YES  NO

LIST NAME OF REFERRAL SOURCE:  NEWSPAPER \_\_\_\_\_  MAGAZINE \_\_\_\_\_  
*(Please be very specific)*  JOB FAIR \_\_\_\_\_  COLLEGE / SCHOOL \_\_\_\_\_  
 RECRUITMENT POSTER \_\_\_\_\_  JOB CENTER \_\_\_\_\_  
 DBI WEBSITE \_\_\_\_\_  OTHER \_\_\_\_\_

POSITION APPLYING FOR \_\_\_\_\_ SALARY DESIRED \_\_\_\_\_

HAVE YOU EVER FILED AN APPLICATION HERE BEFORE?  YES  NO IF YES, DATE APPLIED \_\_\_\_\_

POSITION APPLIED FOR \_\_\_\_\_

HAVE YOU EVER BEEN EMPLOYED HERE BEFORE?  YES  NO IF YES, DATES EMPLOYED \_\_\_\_\_

POSITION HELD \_\_\_\_\_

## PERSONAL INFORMATION (CONTINUED)

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ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THE UNITED STATES?  YES  NO  
(PROOF OF EMPLOYMENT ELIGIBILITY WILL BE REQUIRED UPON EMPLOYMENT)

ARE YOU AGE 18?  YES  NO TYPE OF EMPLOYMENT DESIRED:  FULL-TIME  PART-TIME  
IF NO, DO YOU HAVE A WORK PERMIT?  YES  NO  TEMPORARY  
 OTHER \_\_\_\_\_

DATE AVAILABLE FOR WORK: \_\_\_\_\_

ARE THERE ANY HOURS YOU ARE UNWILLING TO WORK?  YES  NO  
IF YES, WITHOUT GIVING THE REASONS, PLEASE LIST ANY DATES AND/OR TIMES YOU ARE UNWILLING TO WORK: \_\_\_\_\_

ARE YOU WILLING TO WORK OVERTIME?  YES  NO  
IF NO, WITHOUT GIVING THE REASONS, PLEASE LIST ANY DAYS AND/OR TIMES YOU ARE WILLING TO WORK OVERTIME: \_\_\_\_\_

ARE YOU WILLING TO TRAVEL?  YES  NO DO YOU HAVE ANY TRAVEL RESTRICTIONS?  YES  NO  
IF YES, WITHOUT GIVING THE REASONS, PLEASE LIST ANY AND ALL TRAVEL RESTRICTIONS (FOR EXAMPLE: DAYS, TIMES, OR GEOGRAPHIC RESTRICTIONS): \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF A FELONY?  YES  NO  
(SUCH CONVICTION MAY BE RELEVANT IF JOB RELATED, BUT DOES NOT BAR YOU FROM EMPLOYMENT)  
IF YES, PLEASE EXPLAIN: \_\_\_\_\_

## DRIVING AND OTHER RELATED INFORMATION

**COMPLETE THIS SECTION ONLY IF YOU ARE APPLYING FOR A POSITION WHICH REQUIRES THE OPERATION OF A MOTOR VEHICLE (THE COMPANY RECEIVES A HISTORY OF ALL NEWLY HIRED EMPLOYEE'S DRIVERS'S LICENSES).**

DO YOU HAVE A CURRENT VALID DRIVER'S LIC.?  YES  NO STATE \_\_\_\_\_ NUMBER \_\_\_\_\_ EXP. DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

DO YOU HAVE A CURRENT CDL (COMMERCIAL DRIVER'S LICENSE)?  YES  NO IF YES, WHAT CLASS?  A  B  C  D

PLEASE CHECK THE SPECIAL ENDORSEMENTS YOU HAVE:  HAZARDOUS MATERIAL  TANKER  
 AIR BRAKE  OTHER \_\_\_\_\_

HAVE YOU HAD A MOVING VIOLATION WITHIN THE PAST (5) FIVE YEARS?  YES  NO

IF YES, PLEASE EXPLAIN: \_\_\_\_\_

CAN YOU, OR HAVE YOU EVER DRIVEN A MANUAL TRANSMISSION TRUCK?  YES  NO

DO YOU HAVE ANY TRUCK DRIVING OR EQUIPMENT OPERATING EXPERIENCE?  YES  NO

IF YES, PLEASE EXPLAIN: \_\_\_\_\_

DO YOU HAVE MOT TRAINING?  YES  NO

IF YES, GIVE DETAILS (STATE, CATEGORIES, ETC.): \_\_\_\_\_

HAVE YOU EVER WORKED IN HIGHWAY MAINTENANCE?  YES  NO

# PRESENT AND PAST EMPLOYMENT

LIST THREE (3) PAST EMPLOYERS STARTING WITH THE MOST RECENT ONE FIRST – EXPLAIN ANY GAPS IN EMPLOYMENT IN THE COMMENT SECTION BELOW.

1) COMPANY NAME \_\_\_\_\_ POSITION HELD \_\_\_\_\_  
ADDRESS \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_  
PHONE NUMBER \_\_\_\_\_ WEEKLY/HOURLY STARTING SALARY \_\_\_\_\_  
TYPE OF BUSINESS \_\_\_\_\_ WEEKLY/HOURLY LEAVING SALARY \_\_\_\_\_  
NAME OF SUPERVISOR \_\_\_\_\_  
BRIEFLY DESCRIBE THE WORK YOU PERFORMED \_\_\_\_\_  
REASON FOR LEAVING \_\_\_\_\_

2) COMPANY NAME \_\_\_\_\_ POSITION HELD \_\_\_\_\_  
ADDRESS \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_  
PHONE NUMBER \_\_\_\_\_ WEEKLY/HOURLY STARTING SALARY \_\_\_\_\_  
TYPE OF BUSINESS \_\_\_\_\_ WEEKLY/HOURLY LEAVING SALARY \_\_\_\_\_  
NAME OF SUPERVISOR \_\_\_\_\_  
BRIEFLY DESCRIBE THE WORK YOU PERFORMED \_\_\_\_\_  
REASON FOR LEAVING \_\_\_\_\_

3) COMPANY NAME \_\_\_\_\_ POSITION HELD \_\_\_\_\_  
ADDRESS \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_  
PHONE NUMBER \_\_\_\_\_ WEEKLY/HOURLY STARTING SALARY \_\_\_\_\_  
TYPE OF BUSINESS \_\_\_\_\_ WEEKLY/HOURLY LEAVING SALARY \_\_\_\_\_  
NAME OF SUPERVISOR \_\_\_\_\_  
BRIEFLY DESCRIBE THE WORK YOU PERFORMED \_\_\_\_\_  
REASON FOR LEAVING \_\_\_\_\_

COMMENTS (INCLUDING EXPLANATION OF ANY GAPS IN EMPLOYMENT): \_\_\_\_\_

MAY WE CONTACT THE EMPLOYERS LISTED ABOVE?  YES  NO

IF NO, PLEASE INDICATE WHICH ONE(S) YOU DO NOT WISH US TO CONTACT AND STATE THE REASON(S) WHY: \_\_\_\_\_

SUMMARIZE ANY SPECIAL SKILLS AND QUALIFICATIONS ACQUIRED FROM EMPLOYMENT OR OTHER EXPERIENCE: \_\_\_\_\_

LIST PROFESSIONAL, TRADE, BUSINESS OR CIVIC ACTIVITIES (EXCLUDING GROUPS WHICH INDICATE RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, POLITICAL AFFILIATION, DISABILITY OR AGE): \_\_\_\_\_

REFERENCES: LIST THE NAME, PHONE NUMBER AND YEARS KNOWN OF THREE (3) REFERENCES, NOT RELATED TO YOU:

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_

**HIGH SCHOOL**

NAME \_\_\_\_\_

COURSES OF STUDY:

ADDRESS \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

LAST YEAR COMPLETED:     1     2     3     4

DID YOU GRADUATE?

YES     NO

WHAT SUBJECTS DID YOU DO BEST IN OR MOST ENJOY?

\_\_\_\_\_

\_\_\_\_\_

**COLLEGE**

NAME \_\_\_\_\_

COURSES OF STUDY:

ADDRESS \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

LAST YEAR COMPLETED:     1     2     3     4

DID YOU GRADUATE?

YES     NO

LIST DIPLOMA OR DEGREE \_\_\_\_\_

WHAT COLLEGE CLASSES DID YOU DO BEST IN OR MOST ENJOY?

\_\_\_\_\_

\_\_\_\_\_

**OTHER SCHOOLING**

NAME \_\_\_\_\_

COURSES OF STUDY:

ADDRESS \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

LAST YEAR COMPLETED:     1     2     3     4

DID YOU GRADUATE?

YES     NO

LIST DIPLOMA OR DEGREE \_\_\_\_\_

WHAT CLASSES DID YOU DO BEST IN OR MOST ENJOY?

\_\_\_\_\_

\_\_\_\_\_

DESCRIBE ANY SPECIALIZED TRAINING, APPRENTICESHIPS, SKILLS AND/OR OTHER SUBJECTS OF SPECIAL STUDY:

\_\_\_\_\_

\_\_\_\_\_

HAVE YOU RECEIVED ANY JOB-RELATED TRAINING IN THE UNITED STATES MILITARY     YES     NO

PLEASE GIVE DATES AND EXPLANATION: \_\_\_\_\_



# AGREEMENT

Please Read Carefully

I certify that all of the information provided by me on this application (or any accompanying documents or other representations including oral representations) is true and correct, and I understand that if any false information, omissions or misrepresentations are discovered, it will be sufficient cause for my not being hired or my dismissal if I am hired regardless of the timing or circumstances of discovery.

I agree, understand and authorize the Employer to investigate all references above to secure additional information about me, if job related. I hereby release from liability the Employer and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

I understand that submission of an application does not guarantee employment. I agree and understand that any offer of employment is condition on my successful completion of a pre-employment drug test. Any confirmed positive test result will cause the offer of employment to be withdrawn. I further understand and agree to further periodic and random testing and examinations as may be required by the Company and that any refusal to take such tests and examinations will subject me to termination.

In the event of my employment, any company materials entrusted me during the course of my employment will be returned to the Company on the last day of my employment, whether I resign or am terminated. I agree and understand that should I be employed I will not at any time or in any manner, either directly or indirectly, divulge, disclose or communicate to any person, firm or corporation in any manner whatsoever any confidential information concerning any matters affecting or relating to the business of the Employer. I further understand that I will be required to sign a Confidentiality/Non-Disclosure and Non-Competition Agreement as a condition of employment.

Additionally, in consideration of my employment, I agree to conform to the Company's rules and regulations and I agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at either my or the Company's option. I understand that none of the documents, policies, procedures, actions, or statements of DBI Services, LLC, used during the employment process is deemed a contract of employment real or implied. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause, and with or without notice, at any time by the Company. I understand that no company representative, other than its President, and then only when in writing and signed by the President, has any authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing.

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**

Name and phone number of person completing this form if other than the applicant: \_\_\_\_\_

*DBI Services, LLC is proud to be an Equal Opportunity Employer. All qualified applicants will receive consideration without regard to race, color, religion, gender, national origin, age, disability, veteran status, citizenship status or any other status protected by law.*



# VOLUNTARY DISCLOSURE FORM

Supplement to Employment Application

It is the policy of this company to provide equal employment opportunity to all employees and applicants for employment without regard to race, color, religion, sex, national origin, handicap or veteran's status; or status within any other protected group. Various agencies of the United States government require employers to collect information about applicants. Information requested on this sheet is for purposes of compliance with these recordkeeping requirements and to determine recruiting and employment patterns. Such information will in no way affect the decision regarding your application for employment. This sheet will be kept confidential and maintained separately from your application from. Completion of this sheet is voluntary and is not a requirement for employment.

Name \_\_\_\_\_

Date \_\_\_\_\_

Position(s) Applied For: \_\_\_\_\_

FULL-TIME    FULL-TIME SEASONAL    PART-TIME    TEMPORARY

### REFERRAL SOURCE:

- |                    |                   |                            |
|--------------------|-------------------|----------------------------|
| ____ Tear off card | ____ Sign/Walk-In | ____ Website               |
| ____ Truck Decal   | ____ Hotline      | ____ Newspaper Ad          |
| ____ Career Center | ____ Resume       | ____ Employee Referral     |
| ____ Magazine      | ____ Job Fair     | ____ Friend or Relative    |
| ____ Temp Agency   | ____ Banner       | ____ Career Builder Ad     |
|                    |                   | ____ Other (Specify) _____ |

GENDER: \_\_\_\_ Female      \_\_\_\_ Male

### ETHNICITY:

- \_\_\_\_ American Indian or Alaskan Native (Not Hispanic or Latino)
- \_\_\_\_ Asian (Not Hispanic or Latino)
- \_\_\_\_ Black or African American (Not Hispanic or Latino)
- \_\_\_\_ Hispanic or Latino
- \_\_\_\_ Native Hawaiian/Other Pacific Islander (Not Hispanic or Latino)
- \_\_\_\_ Two or More Races (Not Hispanic or Latino)
- \_\_\_\_ White/Caucasian (Not Hispanic or Latino)

**Regulations issued by the U.S. Department of Labor with respect handicapped individuals, disabled veterans and Vietnam era veterans require that federal contractors provide a self-identification opportunity to applicants for employment . Such self-identification and any information provided by the applicant is submitted (a) on a voluntary basis, (b) on a confidential basis, (c) for use only in accordance with regulations, and (d) without subjecting the individual to adverse treatment. If you wish to be identified, please provide any information you wish to submit. If an applicant or employee so identifies himself or herself, the company shall seek the advice of the applicant or employee regarding proper placement and appropriate accommodation.**

**Are You a Special Disabled Veteran?** *A Special Disabled Veteran is one who, under the laws administrated by the Department of Veterans Affairs is entitled to compensation for a disability rated at 30% or more, or is entitled to compensation for a disability rated at 10% or 20% and has been determined to have a serious employment handicap, or has been discharged or released from active duty because of a service-connected disability.*

\_\_\_\_ YES      \_\_\_\_ NO

**Are you a Vietnam Era Veteran?** *A Vietnam Era Veteran is one who served more than 180 days of active military, naval, or air service, any part of which fell between 5 August, 1964 and 7 May, 1975, and who was discharged or released with other than an dishonorable discharge, or was discharged or released from active duty because of a service connected disability.*

\_\_\_\_ YES      \_\_\_\_ NO

**Are you a Newly Separated Veteran?** *A Newly Separate Veteran is one who served on active duty in the military, ground, naval or air service during the one year period beginning on the date of such veteran's discharge or release from active duty.*

\_\_\_\_ YES      \_\_\_\_ NO

**Are you an Other Protected Veteran?** *An Other Protected Veteran is one who served on active duty in the military, ground, naval or air service during a war in a campaign or expedition for which a campaign badge has been authorized.*

\_\_\_\_ YES      \_\_\_\_ NO

**I am not a Veteran** \_\_\_\_ (Check here if not a Veteran)