



Application for Employment

NOTE: ALL Applicant Areas Must Be Completed For Consideration

Please Print Clearly and Legibly

DOCS Services ensures that the hiring and treatment of employees takes place in compliance with the Federal "Equal Employment Opportunity" guidelines. The Company will cooperate fully with all organizations and commissions that are established and organized to promote "Equal Employment Opportunity." DOCS Services has adopted the public policy of extending preferential treatment in the hiring and employment of seniors.

PLEASE NOTE: Any false or misleading information given in this application, or omissions of information, may result in non-selection or termination of employment.

Date of Application: _____

Position Applying For: _____

For Office Use Only

Hire Date: _____

Position / Job Title: _____

Authorizing Signature: _____

Pay Information

Primary Pay Type

\$

Primary Pay Rate

Hourly

Salary

Applicant Section - General Information

Full Legal Name: Last Name _____ First Name _____ Middle Name _____

Street Address / Physical Address _____ City _____ State _____ Zip Code _____

Home Telephone Number _____ Cell or Alternate Telephone Number _____ Social Security Number - Optional _____

If position requires use of a company vehicle, please complete the following information: Driver's License Number _____ State and Date of Expiration _____

Are you prevented from being lawfully employed in the United States? Yes No

Are you 18 years of age or older? Yes No

For reference purposes, have you worked or attended school under a former name? Yes No

If yes, please list former name: _____

Have you ever applied for employment here before? Yes No If yes, when? _____

Have you ever been employed here before? Yes No If yes, when? _____

Are any relatives currently employed here? Yes No

If yes, please give full name(s): _____

Have you ever been bonded? Yes No If yes, when? _____

Are you able to be bonded? Yes No If no, please state reason: _____

Have you ever been convicted of a felony and/or are there any felony charges pending against you? _____

If yes, please list date, place, and nature of conviction or pending charges (a conviction and/or pending charges does not constitute an automatic bar from employment opportunity, although, falsification of application does constitute immediate termination of employment): _____

Do you have previous experience for the job you are applying for? Yes No

If yes, please explain: _____

Are you able to perform all of the essential functions and duties of the job for which you are applying? _____

If no, what accommodation(s) would assist you? _____

Are you available for: Full-time Part-time Temporary

Employment History

Start with Present Employer and List ALL Previous Employment - Complete ALL Areas

Dates	Former Employer Name, Address, Phone #	Supervisor Name	Position Held	Salary
From: _____	Name:			Beginning:
To: _____	Address: Phone #:			Ending:

Dates	Former Employer Name, Address, Phone #	Supervisor Name	Position Held	Salary
From: _____	Name:			Beginning:
To: _____	Address: Phone #:			Ending:

Dates	Former Employer Name, Address, Phone #	Supervisor Name	Position Held	Salary
From: _____	Name:			Beginning:
To: _____	Address: Phone #:			Ending:

Education

Name of High School Attended:	Location:	Dates Attended/Completed:	Grade Completed:
College or Trade School Attended:	Location:	Dates Attended:	Degree:
Other (Trade School or Training)	Location:	Dates Attended:	Certifications:

References

Please give names, addresses, and current phone numbers of three personal references who have known you for more than one year, and are not related to you, that may be contacted regarding your application for employment.

Name:	Address:	Phone Number:	Known how long?
Name:	Address:	Phone Number:	Known how long?
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Please be sure to sign and date this application after reading the following statements carefully.

Authorization : My answers are complete and true to the best of my knowledge and belief. I acknowledge that any false or misleading statement(s) or omission in answering the above questions may result in the rejection of my application or can result in immediate discharge. I hereby release DOCS Services, previous employers, references, and all persons contacted in connection with my application from any and all damages that may be incurred while verifying the accuracy of the information provided.

I have read the above written Authorization & Understanding and I accept the terms and conditions.

Applicant's Signature

Date of Signature