



Application for At-Will Employment

DBA: Dazey's Supply, Dazey's Building Center Stephen's Glass, Hubbard's/Dazey's

THIS APPLICATION IS NOT AN EMPLOYMENT CONTRACT, but is merely intended to evaluate suitability for employment. It is our policy to provide equal opportunity for employment to all qualified persons without discrimination on the basis of sex, race, color, religion, age, marital status, national origin, citizenship, disability, veteran status, or any other status protected under state or federal law. It is also our policy to conduct pre employment screenings before a job offer is made.

This application for employment will not be considered unless fully completed. (PLEASE PRINT)

APPLICANT INFORMATION:

Last Name	First Name	Middle Name
Address	Street	City
		State
		Zip Code
Telephone Number(s):	E-mail Address::	

Employment Desired: Full Time Part Time Shift Work Temporary

Position: _____ Date You Can Start: _____

Have you ever filed an application with us before? If so, when? _____	Have you ever been employed with us before? If so, when? _____	Are you currently employed? _____
May we contact your current employer? _____	Can you travel if a job requires it? _____	Are you legally authorized to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No

EDUCATION:	Name of School & Location	Graduated		Major Subject/Degree and Focus
Grammar School		Yes	No	
High School		Yes	No	
College/University		Yes	No	
Other (specify)				

What is your desired Hourly Rate? _____

Do you have any upcoming dates (vacation, special events, etc.) that you are not available to work?

If Yes, please list: _____

AVAILABILITY: List below the hours you are available to work for each day.

AVAILABLE	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
FROM							
TO							

FORMER EMPLOYERS: List your employers for the past five years, starting with the most recent. If you need additional space, please continue on a separate sheet of paper.

Date, Month, & Year	Name, Address, and Telephone # of Employer	Position	Reason for Leaving
From			
To			
From			
To			
From			
To			
From			
To			
From			
To			
From			
To			

REFERENCES: Provide the names of three persons, not related to you, whom you have known for at least one year.

Name	Address and Telephone Number	Years Acquainted
1.		
2.		
3.		

APPLICANT'S STATEMENT:

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application shall be considered active for a period of time not to exceed 45 days.

I UNDERSTAND AND ACKNOWLEDGE THAT, IF HIRED, MY EMPLOYMENT RELATIONSHIP WITH THIS ORGANIZATION WOULD BE OF AN "AT-WILL" NATURE, WHICH MEANS THAT THE EMPLOYEE MAY RESIGN AT ANY TIME AND THE EMPLOYER MAY DISCHARGE THE EMPLOYEE AT ANY TIME WITH OR WITHOUT CAUSE. IT IS FURTHER UNDERSTOOD THAT THIS "AT-WILL" EMPLOYMENT RELATIONSHIP MAY NOT BE CHANGED BY ANY WRITTEN DOCUMENT OR CONDUCT UNLESS AN AUTHORIZED EXECUTIVE OF THIS ORGANIZATION SPECIFICALLY ACKNOWLEDGES SUCH CHANGE IN WRITING.

Signed _____ Date _____