



Applicant Name: \_\_\_\_\_

## DOUGLAS AUTOTECH CORP (“EMPLOYER”)

### Application for Employment

An Equal Employment Opportunity Employer

### INSTRUCTIONS

Although this application may be given consideration, its receipt does not imply that there are open positions or that the applicant will be employed. If you wish to submit a resume, you may attach it to this application, but in addition, you must complete this application and answer all questions, even those which relate to information on your resume. Please be sure that all of your answers on this application are complete, correct, and truthful. You should understand that any omission of relevant information, any false or misleading statement, or any failure to disclose facts which, if known, might reflect unfavorably on this application, may result in dismissal even if you are employed.

*Please answer every question. You will not be considered as a candidate for a job with us until we have received this application fully completed and signed by you. This application will not be eligible for consideration more than six months after EMPLOYER receives it. If you wish to be considered for any position after that date, you must contact us to submit a new application.*

*Any items in this application which you believe violate Federal or State civil rights legislation need not be completed. Applications to EMPLOYER subsidiaries or other organizations are considered to be applications of these organizations exclusively and not applications of EMPLOYER.*

EMPLOYER does not engage in any unlawful discrimination in hiring or employment on the basis of race, color, religion, national origin, disability, sex, age, or other legally protected characteristic. EMPLOYER reserves its right to withdraw any offer of employment at any time; similarly, the applicant has the right to withdraw this application at any time.

**DO NOT WRITE IN THIS BLOCK -- FOR EMPLOYER USE ONLY**

Date: \_\_\_\_\_

Interviewed by: \_\_\_\_\_

Tested (if applicable):  Yes  No

Tested by: \_\_\_\_\_

Hired:  Yes  No Position: \_\_\_\_\_

Salary/Wage: \_\_\_\_\_ Exempt:  Yes  No

Starting Date: \_\_\_\_\_

Other: \_\_\_\_\_

\_\_\_\_\_

**EMPLOYER**  
**Application for Employment**

**Turn page to start application for employment.**

**PRINT YOUR NAME AS IT APPEARS ON YOUR SOCIAL SECURITY CARD**

**TODAY'S DATE** \_\_\_\_\_

\_\_\_\_\_  
(First) (Middle) (Last)

Address \_\_\_\_\_  
(Number) (Street)

Apt. or Other \_\_\_\_\_  
(Number) (Street)

\_\_\_\_\_  
(City) (State) (Zip)

( ) \_\_\_\_\_  
Area Code (Telephone No. - Residence)

( ) \_\_\_\_\_  
Area Code (Daytime Telephone Number  
if different from above)

\_\_\_\_\_  
(Length of Time at This Address)

List previous addresses within the United States, except military, if your address changed during the past 5 years. (Start with most recent address.)

\_\_\_\_\_  
No. Street City State Zip From (Date) To (Date)

\_\_\_\_\_  
No. Street City State Zip From (Date) To (Date)

**EMPLOYMENT REQUEST**

Type of work desired: \_\_\_\_\_

Specify position(s) for which you are applying (1) \_\_\_\_\_ (2) \_\_\_\_\_

Salary Requirements \_\_\_\_\_ per hours/per week/per year (circle one)

Kind of work sought? Full-time \_\_\_ Part-time \_\_\_ If you would be available for part-time work, please list the days of the week and hours you would be available: \_\_\_\_\_

What shifts are you available to work? Any shift \_\_\_ Not first \_\_\_ Not Second \_\_\_ Not Third \_\_\_

How were you referred to us? \_\_\_\_\_ Date available for work? \_\_\_\_\_

If you applied in response to advertisement, where did you see the ad? \_\_\_\_\_

Have you applied with us previously?  Yes  No If yes, when and where? \_\_\_\_\_

Have you worked for us previously?  Yes  No If yes, when and where and reason for leaving? \_\_\_\_\_

List everyone you know who works for us: \_\_\_\_\_

List all our relatives currently employed with us: \_\_\_\_\_

Please see the attached position description essential job functions. Are you able to perform the essential functions of the job(s) for which you are applying with or without a reasonable accommodation?  Yes  No

**EMPLOYER**  
**Application for Employment**

**WORK AVAILABILITY**

Do you have any activities, commitments, or responsibilities (for example car pooling, school, other employment) which might in any way restrict the hours (including overtime) or days you can work?  Yes  No. Explain if Yes: \_\_\_\_\_

**EMPLOYMENT RECORD (Please complete your employment history even if a resume is submitted. If you need more space, please continue on the space provided on page 5.)**

Are you presently employed?  Yes  No      May we contact your present employer to obtain a reference?  Yes  No

Starting with PRESENT or MOST RECENT, list all previous employers. Include self-employment, summer, and part-time jobs. Account for periods of unemployment of more than 30 consecutive days by listing "unemployed" under EMPLOYER, and state beginning and ending dates of unemployment.

EMPLOYER (Present or Most Recent)			DATE STARTED	PAY AT START
STREET	CITY	STATE	DATE LEFT	PAY AT LEAVING
SUPERVISOR	DEPT.	TELEPHONE	REASON FOR LEAVING	

YOUR JOB AND RESPONSIBILITIES (Please be specific; describe in detail)

EMPLOYER			DATE STARTED	PAY AT START
STREET	CITY	STATE	DATE LEFT	PAY AT LEAVING
SUPERVISOR	DEPT.	TELEPHONE	REASON FOR LEAVING	

YOUR JOB AND RESPONSIBILITIES (Please be specific; describe in detail)

EMPLOYER			DATE STARTED	PAY AT START
STREET	CITY	STATE	DATE LEFT	PAY AT LEAVING
SUPERVISOR	DEPT.	TELEPHONE	REASON FOR LEAVING	

YOUR JOB AND RESPONSIBILITIES (Please be specific; describe in detail)

EMPLOYER			DATE STARTED	PAY AT START
STREET	CITY	STATE	DATE LEFT	PAY AT LEAVING
SUPERVISOR	DEPT.	TELEPHONE	REASON FOR LEAVING	

YOUR JOB AND RESPONSIBILITIES (Please be specific; describe in detail)

**EMPLOYER**  
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EDUCATION					
	Name of School	City and State	Course or Major		
High School(s)				Last Grade Completed (Circle): 9 10 11 12	XXXX
				Last Grade Completed (Circle): 9 10 11 12	XXXX
College(s)				Number of Years Completed (Circle): 1 2 3 4	Degree
				Number of Years Completed (Circle): 1 2 3 4	Degree
Graduate Studies				Number of Years Completed (Circle): 1 2 3 4	Degree
Other - Give Type				Number of Years Completed (Circle): 1 2 3 4	Degree

Vocational or technical courses studied: \_\_\_\_\_

Business or assistant courses studied: \_\_\_\_\_

List any computer software and equipment and other office equipment you can operate proficiently: \_\_\_\_\_

List any special certification, skills, knowledge, or experience which you believe may be relevant to the job you are seeking: \_\_\_\_\_

Are you planning to pursue or are you currently enrolled in any studies or courses?  Yes  No

If yes, when, where, for what period of time, or for what courses are you enrolled? \_\_\_\_\_

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If you are now employed, why do you want to change your job? \_\_\_\_\_

Have you *ever* been fired, dismissed, asked to resign, resigned by mutual agreement, or otherwise been terminated from any job?  
 Yes  No If yes, what job and why? \_\_\_\_\_

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**PERSONAL INFORMATION**

Are you 18 years of age or older?  Yes  No

Have you ever been convicted of any crime other than a routine traffic offense? (Includes a "no contest" or "guilty" plea)

Yes  No

If yes, explain: \_\_\_\_\_

Are you currently under indictment or charged with a felony?  Yes  No

If yes, explain: \_\_\_\_\_

Indicating "yes" to either question above does not automatically disqualify you for the position. We will review the nature and gravity of the offense; the time that has passed since the offense or conduct and the completion of the sentence; and the nature of the position for which you are applying.

Have you ever had an application or surety bond refused?  Yes  No

REFERENCES	Name	Address	Telephone
	_____	_____	( ) _____
	_____	_____	( ) _____
	_____	_____	( ) _____
	_____	_____	_____

(Please use this space below to complete any answers and to provide additional information)

**APPLICANT'S CERTIFICATION AND AGREEMENT**

**PLEASE READ CAREFULLY AND SIGN BELOW IF YOU AGREE TO THESE TERMS OF EMPLOYMENT.**

1. **Certification of Truthfulness:** I represent that all my statements in support of my Application for Employment are true and complete. I understand and agree that if, at any time, EMPLOYER should determine that any requested or relevant information was withheld by me or any of my statements are false or misleading, I may be discharged.
2. **Employment at Will:** If hired by EMPLOYER, I agree to comply with all rules, regulations, policies, and communications directed to employees, including any changes made from time to time. I understand that I will be free to resign my employment at any time with or without cause, and with or without prior notice or warning to EMPLOYER; I agree that EMPLOYER also may terminate my employment at any time, with or without cause and with or without prior review, notice, or warning.
3. **Limitation on Claims:** I agree that any lawsuit against EMPLOYER and/or its agents arising out of my employment, or my application for or the termination of my employment, including but not limited to claims arising under State or Federal civil rights statutes, must be brought within the following time limits or be forever barred: (a) for lawsuits requiring a Notice of Right to Sue from the EEOC, within 90 days after the EEOC issues that Notice; or (b) for all other lawsuits, within (i) 180 days of the event(s) giving rise to the claim, or (ii) the time limit specified by statute, whichever is shorter. I waive any statute of limitations that exceeds this time limit.
4. **Authorization to Work:** If I am selected for hire, I agree to certify and produce documentation that I am authorized to work as required by the Immigration Reform and Control Act of 1986, as amended.
5. **Need For Accommodation:** If, due to a physical or mental disability, I need an accommodation to perform the job for which I may be selected, I understand that I must notify EMPLOYER of this need.
6. **Drug Testing:** I agree to provide EMPLOYER with appropriate specimens to test for the presence of drugs or other controlled substances. I understand that decisions concerning my employment will be made as a result of these tests.
7. **Physical Exam and Release of Medical Information:** I understand that any job offer will be conditioned on passing a physical exam. I authorize every medical doctor, physician or other health care provider (HCP) to provide any and all information, including but not limited to medical reports, laboratory reports, X-rays or clinical abstracts relating to my previous health history or employment in connection with any examination, consultation, test or evaluation. I will cooperate in obtaining any additional authorization required by any HCP for release of any information. I hereby release every HCP and every other person, firm, officer, corporation, association, organization or institution which shall comply with the authorization or request made in this respect from any and all liability for disclosure made pursuant to my authorization. I understand that medical information will not be requested from me, my physician or other HCP until a job offer has been made.
8. **Security:** I agree that the contents of any offices, work spaces, desks, lockers, computer and computer generated data, any EMPLOYER property I may be using, as well as my person and any property I bring onto EMPLOYER's premises, may be inspected by EMPLOYER at any time, and I waive and promise not to make any claims against EMPLOYER (or its employees or agents) relating to such inspection. I agree that, except as directed otherwise in writing by EMPLOYER, I will not disclose to anyone or use for my own purposes, any of EMPLOYER's confidential or proprietary information, either during or after my employment. I understand and agree that client names and information, financial data, computer information and processes are confidential and proprietary information and I will not make written or other copies or notes regarding these matters except as necessary to perform my job. I agree that if my employment ends, I will deliver to EMPLOYER all material of any kind that I have relating to its business, including any such copies or notes. I agree that if any of these commitments by me is ever found to be legally unenforceable as written, it will be enforced as far as legally possible.
9. **Consideration for Employment:** I agree to the above terms. Should I be employed, I understand and agree that these provisions of my employment can be revised only by a contract signed by both EMPLOYER and me and authorized by a written resolution of EMPLOYER, and that no person in EMPLOYER has any authority to offer employment other than on an at-will basis as described above. I understand and agree that, except as provided above, all compensation, benefits, programs, rules, and policies of EMPLOYER are subject to exception or change at any time as decided by EMPLOYER in its sole discretion.

I understand that I may take this application form with me to submit at a later time if I choose to do so. I acknowledge by my signature that I have been given adequate time to read, complete, and review my application and this certification, and I have knowingly and voluntarily signed below.

I have read and understand the items listed in the Application for Employment, including this page, and acknowledge that with my signature below.

Date \_\_\_\_\_, 2016

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

**AUTHORIZATION AND WAIVER**

This authorization and waiver is part of my written application for employment with EMPLOYER.

I authorize all employers and educational institutions where I am or have been employed or enrolled, and all law enforcement agencies, to disclose to EMPLOYER any and all information in their possession about my employment history (including disciplinary and other matters), personal background, and/or credit background. I hereby waive written or other notices from all such parties of their release of any such information to EMPLOYER. I further authorize all educational institutions I have attended to disclose to EMPLOYER any and all information in their possession regarding my attendance and performance at such institution, including but not limited to: disclosure of any diploma or degree of certification awarded; disclosure of academic information and transcripts; and disclosure of any disciplinary record. I hereby waive written or other notice from such institution of its release of any such information to EMPLOYER.

I release all my prior employers and educational institutions, and all law enforcement agencies, from any liability or claim relating to the release of information, records or opinions to EMPLOYER, or to any employment decisions made by EMPLOYER as a result thereof.

For purposes of this Authorization and Waiver, a photocopy of my signature shall have the same force and effect as my original signature.

Name \_\_\_\_\_  
(Please Print)

Signature \_\_\_\_\_

Date \_\_\_\_\_, 2016

EMPLOYER  
FAIR CREDIT REPORTING ACT DISCLOSURE  
CONCERNING CONSUMER REPORTS (CREDIT REPORTS)

To employees and applicants for employment:

EMPLOYER may obtain consumer reports concerning an employee or applicant, to be used for employment purposes. (“Consumer reports” are sometimes referred to as “credit reports.”)

We ask you to authorize EMPLOYER to procure a consumer report concerning you, from a consumer reporting agency. To do so, please sign the authorization statement below.

\*\*\*\*\*

**AUTHORIZATION**

I authorize EMPLOYER to request and obtain a consumer report concerning me, to be used for employment purposes.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name (print)

\_\_\_\_\_  
Social Security Number

Date: \_\_\_\_\_, 2016



EMPLOYER  
FAIR CREDIT REPORTING ACT DISCLOSURE  
CONCERNING INVESTIGATIVE CONSUMER REPORTS

To employees and applicants for employment:

EMPLOYER may obtain for employment purposes a consumer report (also referred to as a "credit report") or an investigative consumer report concerning applicants or employees. This report may include information as to one's character, general reputation, personal characteristics, and mode of living. It may also involve personal interviews with friends, neighbors or associates. You may request in writing from EMPLOYER a complete and accurate disclosure of the nature and scope of the investigation requested and a written summary of your rights as a consumer.

We ask that you authorize EMPLOYER to procure such a report, and that you consent to the report being furnished to EMPLOYER. To do so, please sign the authorization statement on this page below.

\*\*\*\*\*

**AUTHORIZATION**

I authorize EMPLOYER to request and obtain an investigative consumer report concerning me, to be used for employment purposes.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name (print)

\_\_\_\_\_  
Social Security Number

Date: \_\_\_\_\_, 2016

