

An Equal Opportunity Employer

APPLICATION FOR EMPLOYMENT

Each question should be fully and accurately answered. No action can be taken until all questions have been answered. Use blank paper if you do not have enough room on this application form. PLEASE PRINT, except for signature on back of application. All information you give will be held in strict confidence.

Job Applied For:		Today's Date:		
Are you seeking: FULL TIME	PART TIME	TEMPORARY/SUMMER	employment?	
When are you available to begin?				
YOUR INFORMATION				
IOUN INFORMATION	•			
AST NAME	FIRST NAME MID		DDLE NAME	
STREET ADDRESS	CITY	STATE	ZIP	
PHONE H you are applying	EMAIL for a job with a minimum aga r	equirement, you may be required to s	DATE OF BIRTH	
ŋ you are appiying j	jor a joo wun a minimum age re	equiremeni, you may be requirea to s	now prooj oj uge.	
Are you authorized to work lawful	lly in the United States?			
Were you employed at D&E in the	e past?	When?		
For DRIVING JOBS ONLY Do you have a valid drive	er's license?	License Number:	State:	
Oid you serve in the military?	Are you	u a member of a reserve organization	?	
Branch of service:	Service	duties:		
SCHOOLS ATTENDED	-			
High School:				
	d:			
College:				
	ional or technical training infor	mation:		
<u>EXPERIENCE</u>				
List any business machines / equip	oment you are experienced at op	perating:		
List any plant machines / equipme	nt you are experienced at opera	ting:		
		4 maladiana a)		
REFERENCES (Provide thr	ree professional references – not	t relatives)		

List names of employers in consecutive order with present or last employer first. Account for all periods of time including military service and any periods of unemployment. If self-employed, give firm name and supply business references. PLEASE GIVE MONTH AND YEAR. Present or Last Employer Job Title

			
Job Duties			
Address	City	State	Zip
Employed from (date)	to (date)	Pay: Start	Final
Reason for leaving		Name of last superv	isor
2. Name of Employer		Job Title	
Job Duties			
Address	City	State	Zip
Employed from (date)	to (date)	Pay: Start	Final
Reason for leaving		Name of last superv	isor
3. Name of Employer		Job Title	
Job Duties			
Address	City	State	Zip
Employed from (date)	to (date)	Pay: Start	Final
Reason for leaving		Name of last superv	isor
	relative to change of name, use of assume	ed name, or nickname necessar	ry to enable us to check your
work record?Are you currently employed?	If yes, may v	we contact your present emplo	yer?
through personal interviews o criminal record, and personal I certify that the answers gives of any kind whatsoever. I also employment, character, and quand if employed, would be can	n by me to the foregoing questions and stop authorize the companies, schools or per- ualifications. I understand that any misle- use for termination. I understand that if e inated at will; at any time; and with or wi	atements are true and correct v sons named above to give any ading or incorrect statements r mployed, I have been hired at	without consequential omissions information regarding my may render this application voic the will of the employer and the
Signature:		Date):

Signature:	 Date:
C	

FOR COLLEGE USE ONLY Disposition Job Classification Interviewed by	Date Employed Department Interviewer's remarks & recommendation	Starting Rate \$ Time Sheet Required dations	
Application information checked by		Date	