Application for Employment				
Name:Last		First	Middle Int.	
Address:Number	Street		Apt. #	
Address:City		State	Zip	
Home Phone: ()		Cell Phone: ()		
Email:		_ Social Security #:		
Referred By:				

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Applications are received and employees are hired without regard to race, creed, color, sex, religion, age, national origin, marital status, physical or mental handicap, disability, sexual orientation, veteran's status, citizenship status, or any other protected classes under state, local, or county regulations. The receipt of this application does not mean that job openings exist and does not obligate us in any way. We appreciate your interest in our organization.

ALL QUESTIONS MUST BE ANSWERED!

STATE "N/A" IF QUESTION IS NOT APPLICABLE.

THIS IS A DRUG FREE WORKPLACE

D_t.

Dowco Enterprises, Inc.

Personal Information: (Please Print)
Date of Application Position(s) Applied For
Salary Expectation On what date would you be available for work?
Have you filed an application here before? Yes No If yes, date/location
Have you ever been employed here before? Yes No If yes, date/location
Are you presently employed? Yes No May we contact your present employer? Yes No
Does your present employer know of your plans to change employment? Yes No
Why do you desire to make a change?
Are you on a lay off and subject to recall? Yes No
Have you ever been discharged or requested to resign from a position? Yes No If yes, explain:
How much time have you lost from work during the last 12 months?
Do you have reliable transportation? Yes No
Have you ever held a position of trust (handling money or confidential material)? Yes No
Have you ever been refused Bond? Yes No If yes, please explain:
Are you legally eligible to work in the United States? Yes No (Proof of citizenship/immigration status & identity is required upon employment.)
Have you ever been convicted of or received a sentence for a crime(s) other than minor traffic violations? (Answering "yes" is not an automatic bar to employment.)
Yes No If yes, state date, court and place where offense(s) occurred
Do you have a valid driver's license? Yes No List State
Have you been convicted of any moving violations(s) is the last 3 years? Yes No
If yes, give date(s) and explanation
List three things that are important to you in a work environment: 1)
2) 3)
List three characteristics that best describe you: 1)
2) 3)
Why do you want to work here?



Dowco Enterprises, Inc.

Full Employment History (Must be completed, even when accompanied by resume)

Start with your present or last employer. Include ALL assignments and positions held. Be specific about information and dates.

A COMPLETE WORK HISTORY MUST BE PROVIDED. ALL EMPLOYMENT "GAPS" MUST BE LISTED.

Employer	Dates Employed		Summary of Work Performed	
	From (Mo/Yr)	To (Mo/Yr)	& Job Responsibilities	
Address (Street, City and State)				
	Phone:			
Job Title	Hourly Rate/Salary			
	Starting	Final		
Supervisor				
Resigned <i>P</i> Terminated <i>P</i>				
State Reason:				

Employer	Dates Employed		Summary of Work Performed	
	From (Mo/Yr)	To (Mo/Yr)	& Job Responsibilities	
Address (Street, City and State)				
	Phone:			
Job Title	Hourly Rate/Salary			
	Starting	Final		
Supervisor				
Resigned <i>P</i> Terminated <i>P</i>				
State Reason:				

Employer	Dates Employed		Summary of Work Performed
	From (Mo/Yr)	To (Mo/Yr)	& Job Responsibilities
Address (Street, City and State)			
	Phone:		
Job Title	Hourly Ra	ate/Salary	
	Starting	Final	
Supervisor			
Resigned / Terminated /			
State Reason:			

Special Skills and Qualifications

Summarize special skills and qualifications acquired from employment or other experience

List professional, trade, business or civic activities and offices held	
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Computer Skills (list programs and proficiency level)					
TypingWPM Shorthand	WPM				
Do you speak, read and/or write a foreign language(s)? <i>P</i> Yes	NoIf yes, List Language:				



Dowco Enterprises, Inc.

Education Information

Schooling	Years Completed	Degree Rec. & Major Sub.	Name of School	Location	Did You Graduate?
Grammar or High School					
Trade Bus. Or Correspondence					
College					
Graduate School					

Honors Received: _

Military Service

Branch of Service and Serial Number	Present Selective Service Classification	Rank at Discharge
List Duties / Special Training		

Remarks:

Agreement

The facts set forth above in my application for employment are true and complete. I understand that false statements or omission of information on this application or any other employment form may lead to dismissal or denial of employment. You are hereby authorized to make any investigation of my personal history, financial, criminal, credit and motor vehicle records through any investigative or credit agencies or bureaus of your choice. You are also authorized to administer personality profile tests and verify my background. A criminal record or sentence is not an automatic disqualification for employment. I agree to submit to any drug or alcohol testing prior to or after employment and I agree to submit to a medical evaluation, if required.

In making this application for employment, I also understand that an investigative consumer report may be made whereby information is obtained through personal interviews with my neighbors, friends or others with whom I am acquainted. This inquiry includes information as to my character, general reputation, personal characteristics and mode of living. I understand that I have the right to make a written request within a reasonable period of time to receive additional, detailed information about the nature and scope of this investigative consumer report. In exchange for the consideration of my employment application by Dowco Enterprises, Inc., I hereby release and forever discharge Dowco Enterprises, Inc. (including its directors, officers, employees and agents) and my past and/or present employers (their directors, officers, employees and agents) from any liabilities which may result from an investigation of my past and/or present employment or from the disclosure of such information. I authorize the use of any information in this application to verify my statements, and I authorize the past employers, doctors, all references and any other persons to answer all questions asked concerning my ability, character, reputation and previous employment record.

I understand that if my application is accepted that employment with Dowco Enterprises, Inc. at all times is employment "at will". It is further understood that this "at will" relationship may not be changed by any written document, verbal statements, or by conduct unless such change is specifically acknowledged by an authorized executive of the company. I further understand that my "at will" employment may be terminated at any time by myself or Dowco Enterprises, Inc. and includes no guarantee, contract or promise of employment for any specific length of time. I understand that the first ninety (90) days of employment is a new hire introductory period.

Signature of Applicant

Dowco Enterprises, Inc.

Q.

Drug Testing Supplement to Employment Application

It is the policy of Dowco Enterprises, Inc. to maintain a safe, healthy and productive work environment for its employees; to provide quality service to its customers, to maintain the integrity and security of its facilities and property; and to perform all these functions in a manner consistent with the interests and concerns of the community.

Pursuant to these goals, Dowco requires that candidates for any position pass a drug screening test as part of their offer of employment. The drug screening test covers illegal substances and certain legal substances subject to abuse.

The drug test will screen for the following compounds:

- Marijuana
- Cocaine
- Opiates
- Phencyclidine
- Amphetamines
- Methaqualone
- Propoxphene
- Methadone
- Benzodiazepines
- Barbiturates

The testing process requires that candidates sign a separate consent and release statement provided by Dowco prior to drug testing. Refusal to submit to or failing the testing process will result in the candidate's disqualification for further employment consideration.

My signature below indicates that I have read and understand the above statement regarding drug testing.

Signature

Date

Print Name