

Employment Application

D.P. Sawyer, Inc.

P.O. Box 83062, Lincoln, Nebraska 68501

(402)466-3354

D.P. Sawyer, Inc. is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Should an applicant need reasonable accommodation in the application process, he or she should contact a company representative.

Applicant Information

Applicant Name: _____

Address: _____

Telephone Number: _____

Alternate Number: _____

Email address: _____

Date of Application: _____

Employment Position

Position(s) Applying for: _____

Salary desired: _____

How did you hear about this position? _____

On what date can you start working if you are hired? _____

If necessary for the job, are you available to:

Work Overtime?	Yes	No
Work Nights?	Yes	No
Work Weekend?	Yes	No
Travel Overnight?	Yes	No

Personal Information

Have you ever applied to or worked for D.P. Sawyer, Inc. before? Yes No

If yes, when? _____

Do you have any friends, relatives, or acquaintances working for D.P. Sawyer, Inc? Yes No

If yes, state name & relationship: _____

Are you a U.S. citizen or approved to work in the United States? Yes No

Do you have any condition which would require job accommodations? Yes No

If yes, please describe accommodations required: _____

Will you consent to a controlled substance test? Yes No

Have you been convicted of a felony within the last 5 years? Yes No

If so, please explain: _____

(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The date of the offense, the nature of the offense, including any significant details that affect the description of the event, and the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)

Job Skills/Qualifications

Please list below the skills and qualifications you possess for the position for which you are applying:

Are you capable of lifting 50 lbs? Yes No

Do you have a valid Driver's License? Yes No

Do you have a valid Commercial Driver's License? Yes No

Education and Training

High School

Name	Location (City, State)	Year Graduated	Degree Earned

College/University

Name	Location (City, State)	Year Graduated	Degree Earned

Vocational School/ Specialized Training

Name	Location (City, State)	Year Graduated	Degree Earned

Employment History

List last three employers, starting with the most recent

Employer Name: _____

Employer Address: _____

Position Title: _____
 Duties/Skills: _____
 Supervisor: _____
 Telephone: _____
 Dates Employed: _____
 Pay Rate: _____
 Reason for leaving: _____

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Summarize other employment related to this job: _____

References

List three Personal references who are not relatives or former supervisors

Name	Telephone Number	Relationship	Years Known

Information to Applicant

As part of our procedure for processing your employment application, your personal and employment references may be checked. If you have misrepresented or omitted any facts on this application, and are subsequently hired, you may be discharged from your job.

If necessary for employment, you may be required to supply your birth certificate or other proof of authorization to work in the United States and/or have a drug test. A Motor Vehicle Record and a felony background inquiry will be submitted for all applicants prior to hire.

No representative of the company has any authority to enter into any agreement for the employment for a specific period of time, or make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

I understand and agree to the information shown above.

Signature of Applicant: _____ Date: _____

D.P. Sawyer, Inc.
MVR and Felony Inquiry Agreement

D.P. Sawyer, Inc. requires Motor Vehicle Record (MVR) checks and felony background inquiries on all employees.

Provisions of Section 604 and 607 of the Federal Fair Credit Reporting Act, Public Law 91-508, require that we inform you that an inquiry is being made and a report will be prepared by an outside organization at D.P. Sawyer's request which will provide information as to your driving record and/or whether you have been indicted or convicted of a felony in any court.

Your signature will constitute a blanket authority for continuing inquiries until you leave D.P. Sawyer, Inc. employment.

This information will be used for a "permissible purpose" as defined in the Act, and the information received will be used for no other purpose. If you are denied initial or continued employment based on the information received, you have the right to request information from the outside organization conducting the inquiries.

Your signature below indicates that you understand that as stated above, a MVR and/or a felony inquiry will be conducted as a condition of employment, and that you have the right to request additional information from the outside organization conducting the inquiries.

Employee Signature: _____ **Date:** _____

Employee Name: _____

Address(es) (Three year history needed):

Date of Birth: _____

Social Security Number: _____

Driver's License State: _____

Driver's License Number (Three year history needed): _____

