

# Denham-Blythe Company, Inc.

## Application for Employment

Conditions of employment are stated at the end of this form. Please read carefully before you sign this application.  
(Application must be completed in full even if attaching a resume.)

POSITION APPLIED FOR \_\_\_\_\_ DATE OF APPLICATION \_\_\_\_\_

<b>PERSONAL</b>			
<b>PLEASE PRINT USING BLUE OR BLACK INK</b>			
<b>FULL NAME</b>	FIRST/ MIDDLE /LAST	SOCIAL SECURITY NUMBER (if hired)	
<b>PRESENT ADDRESS</b>	STREET	CITY	STATE ZIP
		HOW LONG AT THIS ADDRESS?	
HOME TELEPHONE:		CELL PHONE:	
Have you ever worked for Denham-Blythe before?		<input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, approximate date:
Have you ever applied for a position at Denham-Blythe before?		<input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, approximate date:
How did you learn about the company/position? (circle one)			
Advertisement      Friend      Walk-in      Recruiting Firm      Current employee _____			

<b>GENERAL INFORMATION</b>	
If you are under 18 years of age, can you provide required proof of your eligibility to work? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Are you legally eligible for employment in the U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO	
If offered employment, you will be required to provide documentation to verify eligibility. (If you do not know which documents qualify, please ask).	
Have you ever been convicted of a crime or violation other than a minor traffic offense? <input type="checkbox"/> YES <input type="checkbox"/> NO (A conviction record will not necessarily be a bar to employment. Factors such as job relations, age and time of the offense, seriousness and nature of violation and rehabilitation will be taken into account) If yes, please explain:	
Are you able to perform the essential requirements of the job? <input type="checkbox"/> YES <input type="checkbox"/> NO	
If no, are there reasonable accommodations that can be made to allow you to perform the essential functions of the job? <input type="checkbox"/> YES <input type="checkbox"/> NO _____	
Have you ever been discharged from any employment or asked to resign? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please explain:	
WAGE EXPECTED	DATE AVAILABLE FOR WORK

## EMPLOYMENT HISTORY

BEGIN WITH YOUR MOST RECENT EMPLOYMENT [1] AND CONTINUE WITH ALL PAST EMPLOYMENT

<b>1</b>	<b>EMPLOYER</b>	<b>FROM</b>	<b>STARTING</b>	<b>JOB TITLE</b>	<b>REASON FOR LEAVING (Please Explain)</b>
		<b>MO. YR.</b>	<b>SALARY</b>		
	NAME OF COMPANY		\$	DESCRIBE YOUR JOB DUTIES	
	ADDRESS	<b>TO</b>	<b>ENDING</b>		
		<b>MO. YR.</b>	<b>SALARY</b>		
	CITY, STATE, ZIP		\$		NAME & TITLE OF IMMEDIATE SUPERVISOR
	PHONE NO.	TYPE OF BUSINESS			
EXPLAIN ANY PERIOD BETWEEN JOBS					MAY WE CONTACT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO
<b>2</b>	<b>EMPLOYER</b>	<b>FROM</b>	<b>STARTING</b>	<b>JOB TITLE</b>	<b>REASON FOR LEAVING (Please Explain)</b>
		<b>MO. YR.</b>	<b>SALARY</b>		
	NAME OF COMPANY		\$	DESCRIBE YOUR JOB DUTIES	
	ADDRESS	<b>TO</b>	<b>ENDING</b>		
		<b>MO. YR.</b>	<b>SALARY</b>		
	CITY, STATE, ZIP		\$		NAME & TITLE OF IMMEDIATE SUPERVISOR
	PHONE NO.	TYPE OF BUSINESS			
EXPLAIN ANY PERIOD BETWEEN JOBS					MAY WE CONTACT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO
<b>3</b>	<b>EMPLOYER</b>	<b>FROM</b>	<b>STARTING</b>	<b>JOB TITLE</b>	<b>REASON FOR LEAVING (Please Explain)</b>
		<b>MO. YR.</b>	<b>SALARY</b>		
	NAME OF COMPANY		\$	DESCRIBE YOUR JOB DUTIES	
	ADDRESS	<b>TO</b>	<b>ENDING</b>		
		<b>MO. YR.</b>	<b>SALARY</b>		
	CITY, STATE, ZIP		\$		NAME & TITLE OF IMMEDIATE SUPERVISOR
	PHONE NO.	TYPE OF BUSINESS			
EXPLAIN ANY PERIOD BETWEEN JOBS					MAY WE CONTACT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO

## EDUCATION

EDUCATION TYPE OF SCHOOL	NAME AND ADDRESS OF SCHOOL	MAJOR SUBJECT	CIRCLE LAST YEAR ATTENDED	GRADUATED	DEGREE
HIGH SCHOOL			9 10 11 12	<input type="checkbox"/> YES <input type="checkbox"/> NO	
COLLEGE			1 2 3 4	<input type="checkbox"/> YES <input type="checkbox"/> NO	
COLLEGE			1 2 3 4	<input type="checkbox"/> YES <input type="checkbox"/> NO	
GRADUATE SCHOOL			1 2 3 4	<input type="checkbox"/> YES <input type="checkbox"/> NO	
BUSINESS.			1 2 3 4	<input type="checkbox"/> YES <input type="checkbox"/> NO	

TRADE OTHER				
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### ADDITIONAL EXPERIENCE OR QUALIFICATIONS

List any other experience, skills, professional license(s) or other qualifications, which you believe should be considered in evaluating your qualifications for employment. Include equipment operation skills. Please indicate any prior military service which you would like us to consider in connection with your application for employment. You may exclude activities which may reveal sex, race, religion, national origin, age, or disability or other protected status.

### ATTENDANCE AND PUNCTUALITY INFORMATION

Consistent attendance and punctuality are essential requirements of every job with this company. Is there anything which would interfere with your regular attendance and punctuality if you are offered a job with the company?  YES  NO

If Yes, please explain \_\_\_\_\_

Would you have any problems if your assignment required overnight stay(s)?  YES  NO

### OTHER INFORMATION

Are you willing and able to work overtime (over 40 hours per week)?  YES  NO

Do you have reliable transportation?  YES  NO

If yes, are you willing and able to travel up to 75 miles from your home to the job site?  YES  NO

Drivers License Number: \_\_\_\_\_

State: \_\_\_\_\_

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

Do you own tools of the trade for which you are applying?  YES  NO  N/A

Are you able to read blueprints?  YES  NO

### PERSONAL OR BUSINESS REFERENCES

<b>1</b>	NAME		OCCUPATION	BUSINESS PHONE ( )
	HOME ADDRESS	HOME PHONE ( )	TITLE	RELATIONSHIP
	CITY AND STATE (ZIP)		HOW LONG KNOWN	
<b>2</b>	NAME		OCCUPATION	BUSINESS PHONE ( )
	HOME ADDRESS	HOME PHONE ( )	TITLE	RELATIONSHIP
	CITY AND STATE (ZIP)		HOW LONG KNOWN	

**NOTE: EMPLOYMENT IS CONTIGENT UPON PASSING A PRE-EMPLOYMENT DRUG SCREENING. CAN YOU MEET THIS REQUIREMENT?  YES  NO OUR COMPANY ALSO DOES RANDOM AND "FOR CAUSE" TESTING.**

## NOTIFICATION AND AGREEMENT

PLEASE READ BEFORE SIGNING

**I CERTIFY THAT ALL ANSWERS GIVEN BY ME ARE TRUE, ACCURATE AND COMPLETE. I UNDERSTAND THAT THE FALSIFICATION, MISREPRESENTATION OR OMISSION OF FACT ON THIS APPLICATION (OR ANY OTHER ACCOMPANYING OR REQUIRED DOCUMENTS) WILL BE CAUSE FOR DENIAL OF EMPLOYMENT OR IMMEDIATE TERMINATION OF EMPLOYMENT, REGARDLESS OF WHEN OR HOW DISCOVERED.**

Questions regarding this statement should be directed to any employment interviewer before signing. The application will be given every consideration, but its receipt does not imply that the applicant will be employed. This application for employment is good for 60 days only. Consideration of employment after 60 days requires a new application.

It is the policy of the company to afford equal opportunity to all employees and applicants for employment without regard to age, race, religion, color, sex, national origin, marital status, expunged juvenile records, or pregnancy, and to afford equal opportunities to disabled veterans, veterans of the Vietnam era, and individuals with a disability, any and other characteristic protected by Federal, State or Local law.

I authorize the investigation of all statements and information contained in this application, as may be necessary in arriving at an employment decision. I release from all liability anyone supplying such information, and I also release Denham-Blythe from all liability that might result from making an investigation.

If hired, I agree to abide by all of the company rules and regulations, and understand that, if employed, my employment may be terminated with or without cause, and with or without notice, at any time, at the option of either the company or me. I further understand that no representation, whether oral or written by any representative or agent of the Company, at any time, can constitute a contract of employment. I understand that the Company and all Plan Administrators shall have the maximum discretion permitted by law to administer, interpret, modify, discontinue, enhance or otherwise change all policies, procedures, benefits or other terms or conditions of employment. No representative or agent of the company, has the authority to enter into any agreement for employment for any specified period of time or to make any change in any policy, procedure, benefit or other term or condition of employment other than in a document signed by the President or Executive Vice President, or to make any agreement contrary to the foregoing.

I acknowledge that I have read and understand the above statements and hereby grant permission to confirm the information supplied on this application by me.

APPLICANT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**INTERVIEWED BY** \_\_\_\_\_ **DATE** \_\_\_\_\_



**NOTICE, AUTHORIZATION AND RELEASE FOR THE PROCUREMENT OF A CONSUMER AND/OR INVESTIGATIVE CONSUMER REPORT**

I, the undersigned consumer, do hereby authorize **Denham-Blythe Company** by and through its independent contractor, **Scott Roberts and Associates**, to procure an investigative consumer report on me. Said reports may include, but are not limited to, information as to my driving history, including any traffic citations; a social security number verification; present and former addresses; criminal and civil history/records; any other public record.

I further authorize any person, business entity or governmental agency who may have information relevant to the above to disclose the same to **Denham-Blythe Company** by and through **Scott Roberts and Associates**, including, but not limited to any and all courts, public agencies, law enforcement agencies and credit bureaus, regardless of whether such person, business entity or governmental agency compiled the information itself or received it from other sources.

I understand that I am entitled to a complete and accurate disclosure of the nature and scope of any investigative consumer report of which I am the subject upon my written request to **Scott Roberts and Associates** at 2393 S. Congress Ave; West Palm Beach Fl, 33406, (888)-605-4265(O) (888)605-4305 (F) if such is made within a reasonable time after the date hereof. I also understand that I may receive a written summary of my rights under 15 U.S.C § 1681 et. seq.

Signature: \_\_\_\_\_

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

**IDENTIFYING INFORMATION FOR CONSUMER REPORTING AGENCY**

Print Name: \_\_\_\_\_

Other Names Used (alias, maiden, nickname) \_\_\_\_\_

Current Address: \_\_\_\_\_  
Street/P.O. Box      City      State      Zip Code      County      Dates

Former Address: \_\_\_\_\_  
Street/P.O. Box      City      State      Zip Code      County      Dates

Former Address: \_\_\_\_\_  
Street/P.O. Box      City      State      Zip Code      County      Dates

Social Security Number: \_\_\_\_\_ Daytime Telephone Number: \_\_\_\_\_

Driver's License#: \_\_\_\_\_ State: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_  
(month/date required)

Have you ever been convicted of a crime? \_\_\_yes or \_\_\_No (if yes please provide details)

Details: \_\_\_\_\_