

APPLICATION FOR EMPLOYMENT

Position Desired: _____

Date: _____

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

APPLICANT'S STATEMENT

I understand that if I am hired, my employment will be subject to a probationary period of ninety days, or longer if necessary, from the date of hire. I further understand that my employment will not result in an employment contract and will be for no definite period. I further understand that I have the right to terminate my employment at any time with or without notice, and the Company has the same right. No one other than the President of the Company has the authority to modify this relationship or make any agreement to the contrary. Any such modification or agreement must be in writing.

I understand that the Company reserves the right to require me to submit to a drug test at any time and also reserves the right to require me to submit to an alcohol test and/or medical examination to the extent permitted by law. I authorize the Company to investigate my driving record, my criminal record, my credit history, and my educational background as part of the application process and at any time during my employment.

I further understand that the Company may contact my previous employers, and I authorize those employers to disclose to the Company all records and other information pertinent to my employment with them. I authorize the Company to provide truthful information concerning my employment with the Company to my future prospective employers and I agree to hold the Company harmless for providing such information.

I UNDERSTAND THAT IT IS A CONDITION OF MY EMPLOYMENT WITH THIS COMPANY THAT I AGREE TO SETTLE ANY DISPUTE ARISING OUT OF MY EMPLOYMENT THROUGH BINDING ARBITRATION RATHER THAN THROUGH A LAWSUIT, AND THAT BY ACCEPTING EMPLOYMENT WITH THIS COMPANY I AM WAIVING MY RIGHT TO A JURY TRIAL IN THESE MATTERS.

I certify that all of the information that I provide on this application and in any interview will be true and accurate. I understand that if I am employed and any such information is later found to be false or misleading in any respect, I may be dismissed.

DO NOT SIGN UNTIL YOU HAVE READ AND UNDERSTAND THIS STATEMENT

Date

Signature of Applicant

PERSONAL DATA

Name _____ Social Security Number _____

(Print) Last First Middle

Present Address _____ How long have you lived there? _____

Street and Number City State Zip

Previous Address _____ How long did you live there? _____

Street and Number City State Zip

Telephone No. (H) _____ (W) _____ (C) _____

Are you 21 years of age or older? Yes No Have you ever worked for a Dobbs Company before? Yes No

If yes, please give dates and position: _____

Do you have friends or relatives working here? Yes No If yes, Name: _____ Relationship: _____

Do you have a reliable means of transportation to travel to and from work which will allow you to consistently arrive at work on time? Yes No

Have you ever pled guilty or "no contest" to a crime or been convicted of a crime? Yes No

If yes, please give date and details of each: _____

Note: Answering "Yes" to this question does not constitute an automatic bar to employment. Other factors such as age of conviction, time of events, seriousness, business relatedness, nature of the violation, and rehabilitation are taken into account.

DRIVING INFORMATION

Do you have a current driver's license? Yes No State _____ License No. _____ Exp. Date _____

Have you been licensed in any other state in the last five years? Yes No State _____ License No. _____

Do you have a valid Commercial Driver's License (CDL)? Yes No If yes, what class? _____

Has your driver's license or CDL ever been suspended or revoked? Yes No

If yes, please explain circumstances: _____

Do you have personal automobile insurance? Yes No Name of Insurance Company _____

Has your personal automobile insurance ever been cancelled? Yes No If yes, explain _____

Have you ever been cited for driving under the influence (DUI) or driving while intoxicated (DWI)? Yes No

If yes, please explain the circumstances and outcome: _____

Have you ever been convicted of reckless driving? Yes No

Have you been cited for any moving traffic violations in the last five (5) years? Yes No If yes, list below.

Offense	Date	Location	Offense	Date	Location
---------	------	----------	---------	------	----------

Offense	Date	Location	Offense	Date	Location
---------	------	----------	---------	------	----------

EDUCATION

CLASSIFICATION	NAME AND LOCATION	YEARS COMPLETED	DEGREE/DIPLOMA	DESCRIBE COURSE OF STUDY, MAJOR OR SPECIALIZED TRAINING
HIGH SCHOOL				
COLLEGE				
TRADE/VOCATIONAL				
MILITARY				

PERSONAL REFERENCES *Please list persons who know you well; not previous employers or relatives.*

NAME	OCCUPATION	ADDRESS (STREET, CITY, STATE)	TELEPHONE NUMBER	RELATIONSHIP/NUMBER OF YEARS KNOWN

RECORD OF PREVIOUS EMPLOYMENT

List names of employers in consecutive order with present or last employer listed first. Account for all periods of time including military service and any period of unemployment. If self-employed give firm name and supply business references.

PLEASE PROVIDE COMPLETE INFORMATION INCLUDING MONTH AND YEAR.

Name of Present or Last Employer	Employed From	To	Employee's Title	Duties
Address				
City, State, Zip Code	Beginning Salary	Final Salary	Name of Last Supervisor	Reason for Leaving
Telephone				
Name of Present or Last Employer	Employed From	To	Employee's Title	Duties
Address				
City, State, Zip Code	Beginning Salary	Final Salary	Name of Last Supervisor	Reason for Leaving
Telephone				
Name of Present or Last Employer	Employed From	To	Employee's Title	Duties
Address				
City, State, Zip Code	Beginning Salary	Final Salary	Name of Last Supervisor	Reason for Leaving
Telephone				
Name of Present or Last Employer	Employed From	To	Employee's Title	Duties
Address				
City, State, Zip Code	Beginning Salary	Final Salary	Name of Last Supervisor	Reason for Leaving
Telephone				
Name of Present or Last Employer	Employed From	To	Employee's Title	Duties
Address				
City, State, Zip Code	Beginning Salary	Final Salary	Name of Last Supervisor	Reason for Leaving
Telephone				

This is a complete statement of my employment history. Yes No

Are you presently employed? Yes No

Explain any gaps in your employment listed above.

May we contact the employers listed above? _____ If not, indicate which one(s) you do not wish us to contact and why.

Do you authorize your former employers to fully and freely communicate information regarding your previous employment?

Yes No

If so, you authorize us to send them a copy of the Application for Employment as evidence of their authority to communicate with us regarding your previous employment, and agree to indemnify them and hold them harmless for providing truthful information to us about your employment with them.

Have you ever been terminated or asked to resign for harassment or discrimination? Yes No

If yes, explain circumstances _____

Have you ever been terminated or asked to resign for any other reason? Yes No

If yes, explain circumstances _____

Did you personally fill out this job application? Yes No

DESCRIBE THE QUALIFICATIONS AND EXPERIENCE YOU POSSESS THAT QUALIFY YOU FOR THE POSITION YOU ARE APPLYING FOR:

DATE YOU CAN START _____ SALARY DESIRED _____

Would you work FULL-TIME PART-TIME

Specify days and hours if PART-TIME _____

EMERGENCY INFORMATION

In case of an accident or other emergency, whom should we contact?

Name: _____ Telephone: (H) _____

Home Address: _____ Telephone: (C) _____

Employer Name: _____ Telephone: (W) _____