

Application For Employment

DME is an equal opportunity employer. DME does not discriminate in employment on account of race, color, religion, national origin, citizenship status, ancestry, age, sex (including sexual harassment), sexual orientation, marital status, physical or mental disability, military status or unfavorable discharge from military service.

Personal Information

Name (Last, First, Middle)

Address		City	State	Zip
Phone Number	Mobile Number	Email Address		
Are you over 18 years old? Yes <input type="checkbox"/> No <input type="checkbox"/>		Are you legally eligible for employment in the U.S.? If offered employment, you will be required to provide documentation to verify eligibility. Yes <input type="checkbox"/> No <input type="checkbox"/>		
Are you able to perform the essential functions of the job for which you are applying, with or without a reasonable accommodation? Yes <input type="checkbox"/> No <input type="checkbox"/>				
How did you hear about us? Walk in – Advertisement – Referral – Other				
Have you ever been employed in any facility of DME Elevators & Lifts? Yes <input type="checkbox"/> No <input type="checkbox"/>				
If Yes, Dates Employed		Job Title	Location:	

Position

Position You Are Applying For	Available Start Date	Desired Pay
Employment Desired <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal/Temporary		

Education (list high school, college and/or vocational school)

School Name	Location	Years Attended	Degree Received (yes/no)	Major

References

Name	Company	Phone/email	Years Known

Employment History (Include your last 7 years of employment history, starting with the most recent)

May we contact your present employer(s)?

Yes

No

Employer (1) Company	Job Title	Dates Employed
Work Phone	Supervisor	
Address		
Duties		
Reason for Leaving		
Employer (2) Company	Job Title	Dates Employed
Work Phone	Supervisor	
Address		
Duties		
Reason for Leaving		
Employer (3) Company	Job Title	Dates Employed
Work Phone	Supervisor	
Address		
Duties		
Reason for Leaving		
Employer (4) Company	Job Title	Dates Employed
Work Phone	Supervisor	
Address		
Duties		
Reason for Leaving		

Explain any gaps in work history:

If you wish to describe additional work experience, attach the information for each position on a separate piece of paper.

Professional License

Do you belong to any professional, trade, business or civic organizations that deal with the position for which you are applying?

Yes

No

If Yes, please explain and list the offices held

Type of License(s) Held	State	License Number	Expiration

You need not disclose memberships in professional organizations that may reveal information regarding race, color, creed, sex, religion, national origin, ancestry, age, disability, marital status, veteran status or any other protected status.

Applicant's Certification & Agreement

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge and authorize DME Elevators & Lifts to verify their accuracy and to obtain reference information on my work performance. I hereby release DME Elevators & Lifts from any/all liability of whatever kind and nature which, at any time, could result from obtaining and having an employment decision based on such information.

I understand that, if employed, falsified statements of any kind or omissions of facts called for on this application shall be considered sufficient basis for dismissal.

I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for DME Elevators & Lifts to hire me. I understand that should an employment offer be extended to me and accepted that I will fully adhere to the policies, rules and regulations of employment of the Employer. However, I further understand that either the policies, rules, regulations of employment or anything said during the interview process shall be deemed to constitute the terms of an implied employment contract. I understand that any employment offered is for an indefinite duration and at will and that either I or the Employer may terminate my employment at any time with or without notice or cause.

Name (Please Print)	Signature
Date	

I agree that by submitting this application, I am electronically signing the Applicant's Certification & Agreement.