

DNA Industrial Hygiene

APPLICATION FOR EMPLOYMENT

AN EQUAL OPPORTUNITY EMPLOYER

Drug Free Workplace

Please read this application carefully before completing

DNA Industrial Hygiene does not discriminate in hiring or during employment on the basis of race, color, religion, national origin, sex, age, veteran status, or handicap. No question on this application is intended to secure information that could be used for such discrimination.

If employment results from this application, new hire personal employment data will be required for determination of benefit eligibility and statistical purposes.

PLEASE **PRINT** THE FOLLOWING DATA IN **INK**:

PERSONAL DATA

Last Name		First Name		Middle Initial		Do You use tobacco	
Address				City		State	
				Zip Code		Telephone Where You May Be Contacted	
If you are applying for permanent employment, can you, on the first day of employment submit documented proof of your legal right to permanently work in this country?						Are you a U.S. citizen?	
Are you age 18 or over?				How were you referred here?			
If you have any relatives working for this company give the relationship and location.				Relationship		Location in Company	
Have you ever been convicted of any offense involving dishonesty or breach of trust? (including, but not limited to, robbery, embezzlement, forgery, perjury, tax evasion, etc.) If yes, please explain:							

JOB INTERESTS

What type of work are you seeking?			Salary Requirement			Date available for employment		
Employment Preference:	Full time	Part time	Hours not available for work	AM	AM			
Are you not available:	Saturday	and/or Sunday		PM	PM			

EDUCATION AND SKILLS

School Attended	Name	Location	Major Subject/ Course Studied	Dates Attended	Degree Earned
Last High School				From: / / To: / /	
Junior College				From: / / To: / /	
College/University				From: / / To: / /	
Graduate School				From: / / To: / /	
Special Courses				From: / / To: / /	
Technical or Special Training				From: / / To: / /	

Please indicate training or experience with the following (if applicable to position you would accept)

_____ Typing Speed _____ WPM _____ Word Perfect

_____ Other types of training _____

_____ Programming JSP, C _____

_____ Certifications CIH, CSP, LIH Other _____

EMPLOYMENT RECORD**(Notice to applicants:) All employment will be verified.**

Account for all time for at least the past 7 years. Include military service, part time jobs and periods of unemployment. Give complete addresses. Indicate if any past employer is out of business. If you have had your own business, give at least two persons who can verify your experience. If employment was under another name, show name used.

(If you need more space, attach a separate sheet)

From / / Month & Year	TO / / Month & Year		Name of immediate supervisor	Title	Starting Salary
Name of most recent employer			Your position or title		Ending Salary
Address			Your duties and responsibilities		
City State Zip Code					
Reason for leaving					
From / / Month & Year	TO / / Month & Year		Name of immediate supervisor	Title	Starting Salary
Name of most recent employer			Your position or title		Ending Salary
Address			Your duties and responsibilities		
City State Zip Code					
Reason for leaving					
From / / Month & Year	TO / / Month & Year		Name of immediate supervisor	Title	Starting Salary
Name of most recent employer			Your position or title		Ending Salary
Address			Your duties and responsibilities		
City State Zip Code					
Reason for leaving					
From / / Month & Year	TO / / Month & Year		Name of immediate supervisor	Title	Starting Salary
Name of most recent employer			Your position or title		Ending Salary
Address			Your duties and responsibilities		
City State Zip Code					
Reason for leaving					

ADDITIONAL INFO: Please use this space to give any additional information about your qualifications, use separate sheet if needed.

IN CASE OF EMERGENCY NOTIFY:

Name _____ Address _____

Telephone _____

I hereby certify that all information given to your company by me is true and correct without consequential omissions of any kind, and I understand that giving false or misleading information may be considered sufficient cause for immediate dismissal or refusal to hire. I understand that I will be required to participate in a drug and alcohol screening program as a condition of employment.

I understand my salary commitment is based on a monthly salary schedule and will be paid to me semi-monthly. (Part time and temporary employees are paid on hourly basis).

I also authorize the persons, companies, and schools and colleges shown on my employment application to give any information regarding my employment and academic records, together with any information they may have regarding me whether or not it is in their records. I hereby release said companies, schools, or persons from any liability for any damage whatsoever for issuing this information.

I understand that bonding is a condition of employment and that a report from an investigative agency may be requested regarding my credit record and qualifications and I authorize the obtaining of such a report. I understand, that upon written request, additional information as to the nature and scope of the agency's report will be provided.

In consideration of my employment, I agree to conform to the rules and regulations of DNA Industrial Hygiene or its affiliates, and my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at the option of either the company or myself.

I have read and understand the above statements, and agree that a photocopy of any authorization made by me on this application shall be valid as the original.

Signature _____

Date _____

A copy of this application will be furnished upon request

Thank you for completing this application form and for your interest in employment with us.