

VER. 2001

DTH Management Group, Ltd.
1107 Erwin Road
P.O. Box 1567
Dunn, NC 28335
(910) 892-5999
(910)892-0939 (fax)

Application for Employment

Please Print

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.

Position(s) applied for _____ Date of application ____ / ____ / ____

Referral Source Advertisement Employee Relative Government Employment Agency

Walk-in Private Employment Agency Other _____

Name of source (if applicable) _____

Name _____
Last First Middle

Address _____
Street City State Zip Code Social Security # _____

Telephone # (____) _____ Mobile/Beeper/Other Phone # (____) _____ E-mail Address _____

If necessary, best time to call you at home is _____ : ____ AM
PM

May we contact you at work? _____ Yes No

If yes, work number and best time to call _____ (____) _____ : ____ AM
PM

If you are under 18 and it is required, can you furnish a work permit? _____ Yes No

If no, please explain _____

Have you submitted an application here before? _____ Yes No

If yes, give date(s) and position(s) _____

Have you ever been employed here before? _____ Yes No

If yes, give dates _____ From ____ / ____ / ____ To ____ / ____ / ____

Are you legally eligible for employment in this country? _____ Yes No

Date available for work ____ / ____ / ____ What is your desired salary range? _____ \$ _____

Type of employment desired Full-Time Part-Time Temporary Seasonal Educational Co-Op

Will you relocate if job requires it? _____ Yes No Will you travel if job requires it? _____ Yes No

Are you able to meet the attendance requirements of the position? _____ Yes No

Will you work overtime if required? _____ Yes No

If no, please explain _____

Have you ever been bonded? _____ Yes No

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

If yes, please provide date(s) and details _____

Driver's license number if driving is an essential job function _____ State _____

ANSWERING "YES" TO THESE QUESTIONS DOES NOT CONSTITUTE AN AUTOMATIC BAR TO EMPLOYMENT. FACTORS SUCH AS DATE OF THE OFFENSE, SERIOUSNESS AND NATURE OF THE VIOLATION, REHABILITATION AND POSITION APPLIED FOR WILL BE TAKEN INTO ACCOUNT.

AN EQUAL OPPORTUNITY EMPLOYER

Employment History

Starting with your most recent employer, assignments or volunteer activities, provide the following information.

Employer Telephone # ()	Dates Employed Month / Year to Month / Year
Street Address City State	Compensation (Starting)
Starting Job Title / Final Job Title	<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ Per
Immediate Supervisor and Title	Commission/Bonus \$
Reason for Leaving	Compensation (Final)
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ Per
	Commission/Bonus \$
Employer Telephone # ()	Dates Employed Month / Year to Month / Year
Street Address City State	Compensation (Starting)
Starting Job Title / Final Job Title	<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ Per
Immediate Supervisor and Title	Commission/Bonus \$
Reason for Leaving	Compensation (Final)
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ Per
	Commission/Bonus \$
Employer Telephone # ()	Dates Employed Month / Year to Month / Year
Street Address City State	Compensation (Starting)
Starting Job Title / Final Job Title	<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ Per
Immediate Supervisor and Title	Commission/Bonus \$
Reason for Leaving	Compensation (Final)
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ Per
	Commission/Bonus \$
Employer Telephone # ()	Dates Employed Month / Year to Month / Year
Street Address City State	Compensation (Starting)
Starting Job Title / Final Job Title	<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ Per
Immediate Supervisor and Title	Commission/Bonus \$
Reason for Leaving	Compensation (Final)
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ Per
	Commission/Bonus \$

Skills and Qualifications

Word Excell MS Office Power Point Internet

Summarize any special training, skills, licenses and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying.

Educational Background(if job related)

Starting with your most recent school attended, provide the following information.

School (Include City and State)	Number of Years Completed	Achieved	GPA Class Rank	Major	Minor
		<input type="checkbox"/> GED <input type="checkbox"/> Diploma <input type="checkbox"/> Degree			
		<input type="checkbox"/> GED <input type="checkbox"/> Diploma <input type="checkbox"/> Degree			
		<input type="checkbox"/> GED <input type="checkbox"/> Diploma <input type="checkbox"/> Degree			

References

List name and telephone number of three business/work references who are not related to you and are not previous supervisors. If not applicable, list three school or personal references who are not related to you.

Name	Title	Relationship To Applicant	Telephone	Number of Years Known
			()	
			()	
			()	
			()	
			()	

Additional Information

List professional, trade, business or civic associations and any offices held.

EXCLUDE MEMBERSHIPS THAT WOULD REVEAL RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, CITIZENSHIP, AGE, MENTAL OR PHYSICAL DISABILITIES, VETERAN/RESERVE NATIONAL GUARD OR ANY OTHER SIMILARLY PROTECTED STATUS.

ORGANIZATION	OFFICES HELD

List special accomplishments, publications, awards, etc.

EXCLUDE MEMBERSHIPS THAT WOULD REVEAL RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, CITIZENSHIP, AGE, MENTAL OR PHYSICAL DISABILITIES, VETERAN/RESERVE NATIONAL GUARD OR ANY OTHER SIMILARLY PROTECTED STATUS.

List any additional information you would like us to consider.

Applicant Statement

I certify that all information I have provided in order to apply for and secure work with the employer is true, complete and correct.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that the employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) cancel further consideration of this application, or (ii) immediately discharge me from the employer's service, whenever it is discovered.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant _____

Date ____/____/____