INSTRUCTIONS: PLEASE PRINT CLEARLY & FILL OUT COMPLETELY. THANK YOU.



## APPLICATION OR EMPLOYMENT

FOR MANAGEMENT ONLY:

INT. DAY

DATE

TIME

NAME: FIRST	MIDDLE INITIAL			Г		
STREET ADDRESS	APT#		CITY	\$	STATE	ZIP
CELL: HOME PHO	ONE:		_ E-MAIL: _			
1) ARE YOU 18 OR OLDER? YES NO, IF	NO, CAN YOU SATISF	ACTORILY MI	EET THE LEG	AL REQUIRE	EMENTS TO V	VORK?
2) POSITION DESIRED:FULL TIME SUMMER/ TEMPO	PART TIME DRARY ONLY	3) ARE YO YES		BLE TO BE E	EMPLOYED IN	I THE UNITED STATES?
4) HOW DID YOU LEARN OF THIS JOB?						
5) HAVE YOU EVER WORKED AT DUFF CO. BI 6) CAREFULLY CHECK OFF THE POSITION(S) OFFICE: RECEPTIONIST ACCOUNTII WAREHOUSE: DRIVER RECEIVING/S SALES & CUSTOMER SUPPORT: COUN	FOR WHICH YOU ARE NG/ADMINISTRATIVE SHIPPING □ORDER F	E APPLYING? PICKING □M	IFG/ASSEMB	LY □ANYA		
7) DRIVING JOBS ONLY: DO YOU HAVE A VAL	ID DRIVER'S LICENSE	?				
AVAILABILITY: 1) HOURS AV	VAILABLE: MON TUE	WED	THU	FRI	SAT	SUN
DUFF CO. HOURS:  MON to FRI: 7:00 AM- 5 PM FROM: SATURDAY: 7:30 AM-12 PM SUNDAY: CLOSED TO: EMERG SVC: 24/7	IVION TOE	VVED	THU	FKI	SAT	SUN
2) TOTAL HOURS AVAILABLE PER WEEK:	3) DO YOU HA	VE TRANSPO	ORTATION TO	WORK?		
4) ARE YOU REGULARLY AVAILABLE TO WOR DAYS? YES NONIGH		WEEKE	NDS? YES	NO	HOLIDAY	'S? YES NO
EDUCATION:	HIGH SC	HOOL OR GE	<u>D</u>			
NAME:			OCATION: _			
NUMBER OF YRS. ATTENDED:	MAJOR:			OMA OR REE RECEIV	ED:	
	<u>C(</u>	<u>DLLEGE</u>				
NAME:			_OCATION: _			
NUMBER OF YRS. ATTENDED:	MAJOR:		DIPL DEG	OMA OR REE RECEIV	ED:	
	GR	ADUATE_				
NAME:			OCATION: _			
NUMBER OF YRS. ATTENDED:	MAJOR:		DIPL DEG	OMA OR REE RECEIV	ED:	
	VOCATION	IAL/ TECHNIC	<u>AL</u>			
NAME:			_OCATION:			
NUMBER OF YRS. ATTENDED:			DIPL	OMA OR		
TRAINING COURSES: LIST ANY RELEVANT ACTIVITIES, CERTIFICATES, PUBLICATIONS, I						

PLEASE PRINT YOUR NAME			FOR MANAGEMENT ONLY:
FIRST	MIDDLE INITIA	AL LAST	REC D.B.1. HO.W. REC D. ENVISW. MAILED B1. DATE SENT:
THREE MOST RECENT J		DUONE.	DATES TO TO
			WORKED: FROM TO
JOB DUTIES/REPONSIBILI	TIES:		
PAY: START \$	END \$	SUPERVISOR:	REASON FOR LEAVING:
COMPANY:		PHONE:	DATES WORKED: FROMTO
ADDRESS, CITY, STATE, Z	IP:		
			REASON FOR LEAVING:
COMPANY		DHONE-	DATES WORKED: FROMTO
PAY: START \$	END \$	SUPERVISOR:	REASON FOR LEAVING:
BUSINESS REFERENCES	<b>:</b>	DUDINESS	
NAME:		BUSINESS _ RELATIONSHIP:	PHONE:
NAME:		BUSINESS RELATIONSHIP:	PHONE:
NAME:		BUSINESS RELATIONSHIP:	PHONE:
MILITARY SERVICE:			
BRANCH OF SERVICE:	DATE ENTERED:	DATE DISCHARGED:	NATURE OF DUTIES, SPECIAL SKILLS, TRAINING:
DO YOU HAVE THE ABIL  AFFIDAVIT: I certify that a	ITY, WITH OR WITHO	DUT ACCOMODATION, TO PERFOI	RM THE ESSENTIAL JOB FUNCTIONS?NOY
omissions of any kind ma investigate my responses background for the purpo unfavorable, about me or pertaining to my employm should not be considered	ay result in denial of emes on this application and ose of verifying any informy employment. I voluntent or me. Regardless a contract of employmen	ployment or be cause for subsequent d contact any or all of my former em ormation I have provided and/or for the tarily and knowingly fully release and ho of whether or not I become selected/ h	dismissal if I am selected/ hired. I authorize Duff Compan ployers or any individuals familiar with me or my employme purpose of obtaining any information, whether favorable old harmless any person or organization that provides informatived by this company, I recognize that this application is not byed, I understand that I have been hired "at-will" of the employed, I understand that I have been hired "at-will" of the employed.
DATE:		SIGNATURE:	

Upon completion, give this application to the receptionist at Duff Company or email it to info@duffco.com. Thank you.

Duff Company is an Equal Opportunity Employer. We adhere to a policy of making employment decisions without regards to race, color, religion, sex, age, disability or any other protected categories. It is our intention that all qualified applicants are given equal opportunity and that selection decisions be based on job related factors.

YOUR APPLICATION WILL BE CONSIDERED ACTIVE FOR 90 DAYS. AFTER THAT, YOU MUST RE-APPLY.

 Date:
 Time:
 FOR MANAGEMENT ONLY:
 STRT:
 TIME:
 DEPT:

 RATE:
 90 DAY:
 S/N:
 H/S: