

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



APPLICATION FOR EMPLOYMENT

FOR MANAGEMENT ONLY:		
<u>INT. DAY</u>	<u>DATE</u>	<u>TIME</u>

NAME: _____
FIRST MIDDLE INITIAL LAST

STREET ADDRESS _____ APT # _____ CITY STATE ZIP

CELL: _____ HOME PHONE: _____ E-MAIL: _____

1) ARE YOU 18 OR OLDER? YES NO, IF NO, CAN YOU SATISFACTORILY MEET THE LEGAL REQUIREMENTS TO WORK? _____

2) POSITION DESIRED: FULL TIME PART TIME SUMMER/ TEMPORARY ONLY
3) ARE YOU LEGALLY ABLE TO BE EMPLOYED IN THE UNITED STATES? YES NO

4) HOW DID YOU LEARN OF THIS JOB? _____

5) HAVE YOU EVER WORKED AT DUFF CO. BEFORE? NO YES, IF YES, DATES: _____

6) CAREFULLY CHECK OFF THE POSITION(S) FOR WHICH YOU ARE APPLYING?
OFFICE: RECEPTIONIST ACCOUNTING/ADMINISTRATIVE
WAREHOUSE: DRIVER RECEIVING/SHIPPING ORDER PICKING MFG/ASSEMBLY ANY AVAIL DEPT LEAD/SUPERVISOR
SALES & CUSTOMER SUPPORT: COUNTER SALES OFFICE SALES OUTSIDE SALES

7) DRIVING JOBS ONLY: DO YOU HAVE A VALID DRIVER'S LICENSE? _____

AVAILABILITY: 1) HOURS AVAILABLE:

	MON	TUE	WED	THU	FRI	SAT	SUN
FROM:							
TO:							

DUFF CO. HOURS:
MON to FRI: 7:00 AM- 5 PM
SATURDAY: 7:30 AM-12 PM
SUNDAY: CLOSED
EMERG SVC: 24/7

2) TOTAL HOURS AVAILABLE PER WEEK: _____ 3) DO YOU HAVE TRANSPORTATION TO WORK? _____

4) ARE YOU REGULARLY AVAILABLE TO WORK...
...DAYS? YES NO ...NIGHTS? YES NO ...WEEKENDS? YES NO ...HOLIDAYS? YES NO

EDUCATION: HIGH SCHOOL OR GED
NAME: _____ LOCATION: _____
NUMBER OF YRS. ATTENDED: _____ MAJOR: _____ DIPLOMA OR DEGREE RECEIVED: _____

COLLEGE
NAME: _____ LOCATION: _____
NUMBER OF YRS. ATTENDED: _____ MAJOR: _____ DIPLOMA OR DEGREE RECEIVED: _____

GRADUATE
NAME: _____ LOCATION: _____
NUMBER OF YRS. ATTENDED: _____ MAJOR: _____ DIPLOMA OR DEGREE RECEIVED: _____

VOCATIONAL/ TECHNICAL
NAME: _____ LOCATION: _____
NUMBER OF YRS. ATTENDED: _____ MAJOR: _____ DIPLOMA OR DEGREE RECEIVED: _____

TRAINING COURSES: LIST ANY RELEVANT ACADEMIC HONORS, AWARDS, SCHOLARSHIPS, PROFESSIONAL ORGANIZATIONS, VOLUNTEER ACTIVITIES, CERTIFICATES, PUBLICATIONS, LICENSES, OR ANY OTHER INFORMATION SIGNIFICANT AND RELEVANT TO EMPLOYMENT.

PLEASE PRINT

YOUR NAME

FIRST MIDDLE INITIAL LAST

FOR MANAGEMENT ONLY:				
AFE REC'D BY:	I/O/W:	DATE REC'D:	LOR-EM/SM:	LOR-MAILED BY:
				LOR-DATE SENT:

THREE MOST RECENT JOBS:

COMPANY: _____ PHONE: _____ DATES WORKED: FROM _____ TO _____

ADDRESS, CITY, STATE, ZIP: _____

JOB DUTIES/RESPONSIBILITIES: _____

PAY: START \$ _____ END \$ _____ SUPERVISOR: _____ REASON FOR LEAVING: _____

COMPANY: _____ PHONE: _____ DATES WORKED: FROM _____ TO _____

ADDRESS, CITY, STATE, ZIP: _____

JOB DUTIES/RESPONSIBILITIES: _____

PAY: START \$ _____ END \$ _____ SUPERVISOR: _____ REASON FOR LEAVING: _____

COMPANY: _____ PHONE: _____ DATES WORKED: FROM _____ TO _____

ADDRESS, CITY, STATE, ZIP: _____

JOB DUTIES/RESPONSIBILITIES: _____

PAY: START \$ _____ END \$ _____ SUPERVISOR: _____ REASON FOR LEAVING: _____

BUSINESS REFERENCES:

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: _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES NO If yes, explain 1) nature of crime, 2) date of conviction, and 3) the state in which convicted. (A "YES" answer does not automatically disqualify you from employment, since the nature of offense, date, and the job for which you are applying will also be considered.) _____

DO YOU HAVE THE ABILITY, WITH OR WITHOUT ACCOMODATION, TO PERFORM THE ESSENTIAL JOB FUNCTIONS? ___NO ___YES

AFFIDAVIT: I certify that all information contained in this application is true to the best of my knowledge and belief. I understand that misrepresentation or omissions of any kind may result in denial of employment or be cause for subsequent dismissal if I am selected/ hired. I authorize Duff Company to investigate my responses on this application and contact any or all of my former employers or any individuals familiar with me or my employment background for the purpose of verifying any information I have provided and/or for the purpose of obtaining any information, whether favorable or unfavorable, about me or my employment. I voluntarily and knowingly fully release and hold harmless any person or organization that provides information pertaining to my employment or me. Regardless of whether or not I become selected/ hired by this company, I recognize that this application is not and should not be considered a contract of employment for any definite period of time. If employed, I understand that I have been hired "at-will" of the employer and my employment may be terminated at any time, with or without cause and with or without notice.

DATE: _____ SIGNATURE: _____

Upon completion, give this application to the receptionist at Duff Company or email it to work@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.

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

RATE: _____ 90 DAY: _____ S/N: _____

H/S: _____