



950 SE Loop 456
 Jacksonville, TX 75766
903.586.9894
 Fax: 903.586.8357

JOB APPLICATION

NAME: _____ Phone #: _____
 Mobile #: _____ Email: _____
 Address, City, State, Zip: _____
 How long have you lived in the Jacksonville area? _____

Previous Address, City, State, Zip: _____ Length of time there? _____

Type of ID: Drivers License Alien Card Card #: _____ Issuing State: _____ Exp. Date: _____

Emergency Contact: _____ Relationship to You: _____ Phone #: _____

Which position are you applying for? _____ Available Start Date: _____ Desired Hourly Pay: _____

Type: Full-Time Part-Time Temporary Which shift do you prefer? 1st 2nd 3rd Which shift(s) can you work? 1st 2nd 3rd

EDUCATION

SCHOOL NAME / LOCATION	YEARS ATTENDED	DEGREE RECEIVED
High School: _____		
College: _____		
Other: _____		

REFERENCES

NAME	TYPE: Friend? Relative? Professional?	PHONE

EMPLOYMENT HISTORY

EMPLOYER NAME / ADDRESS / PHONE	JOB TITLE	DATES EMPLOYED	START PAY	END PAY

QUESTIONNAIRE

- | | |
|---|---|
| <input type="checkbox"/> YES <input type="checkbox"/> NO Are you 18 years of age or older? | <input type="checkbox"/> YES <input type="checkbox"/> NO Do we have permission to contact your previous employers for a reference? If yes, which one(s)? |
| <input type="checkbox"/> YES <input type="checkbox"/> NO Are you legally able to work in the US? | _____ |
| <input type="checkbox"/> YES <input type="checkbox"/> NO Are you employed now? If so, where? | <input type="checkbox"/> YES <input type="checkbox"/> NO Have you had military training? If yes, what specialty? |
| <input type="checkbox"/> YES <input type="checkbox"/> NO Are you available for weekend work? | _____ |
| <input type="checkbox"/> YES <input type="checkbox"/> NO Do you have dependable work transportation? | <input type="checkbox"/> YES <input type="checkbox"/> NO Personal issues that would prevent regular attendance? |
| <input type="checkbox"/> YES <input type="checkbox"/> NO Are you willing to take a drug test? | <input type="checkbox"/> YES <input type="checkbox"/> NO D & L is a no-smoking facility. Would you be able to comply with our smoke-free areas? |
| <input type="checkbox"/> YES <input type="checkbox"/> NO Have you been convicted of a crime in the past ten years, which have not been annulled, expunged or sealed by a court? If YES, describe in full below: | <input type="checkbox"/> YES <input type="checkbox"/> NO Have you received workers compensation or disability income payments? If "YES", describe: |
| _____ | _____ |
| _____ | <input type="checkbox"/> YES <input type="checkbox"/> NO This job may require lifting up to 50 lbs. Would you be able to meet this requirement? |
| <input type="checkbox"/> YES <input type="checkbox"/> NO Are you on parole, probation, work release, conditional release or serving weekend sentences as result of a conviction or guilty plea? If YES, describe in full below: | <input type="checkbox"/> YES <input type="checkbox"/> NO Any mental or physical condition which might limit your ability to perform the job for which you are applying? If "YES", describe this condition and how you can perform the job in spite of it. |
| _____ | _____ |
| <input type="checkbox"/> YES <input type="checkbox"/> NO Have your driving privileges been suspended or revoked in ANY state in the last 10 years? | <input type="checkbox"/> YES <input type="checkbox"/> NO Friends/relatives working at D&L: |
| _____ | _____ |

ATTENTION JOB APPLICANTS

D & L Tooling & Plastics, Inc. is a safety conscious, drug free company and may require drug testing according to its personnel policy. Having made application for employment at D & L Tooling & Plastics, Inc., I request their representative be informed as to my previous work record. I hereby authorize the investigation of my past employment, whether same is of record or not. I release my former employers and all persons whomsoever, of any damages resulting from furnishing said information. Furthermore, in the event that I am hired by D & L Tooling & Plastics, Inc., I hereby further release them from any liability in providing future information about my work record at D & L Tooling & Plastics, Inc. I understand that this application is neither a guarantee of employment or any employment contract. I certify that the information contained in this application is correct to the best of my knowledge and understand that falsification of this information is grounds for refusal to hire or, if hired, dismissal. I also understand that at some time during the hiring process I may be asked to sign a waiver of confidentiality form regarding my Workers' Compensation history.

SIGNATURE OF APPLICANT _____ DATE _____

PLEASE NOTE: If emailing application, signature is not required. However, signature of this document WILL BE required at the point of hire.