



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 desired: Full-Time Part-Time Temporary Which shift do you prefer? 1st 2nd 3rd Which 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
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## EMPLOYMENT HISTORY

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

YES	NO	Are you 18 years of age or older?	YES	NO	Do we have permission to contact your previous employers for a reference? If yes, which one(s)?
YES	NO	Are you legally able to work in the US?			
YES	NO	Are you employed now? If so, where?			
YES	NO	Are you available for weekend work?	YES	NO	Have you had military training? If yes, what specialty?
YES	NO	Do you have dependable work transportation?			
YES	NO	Are you willing to take a drug test?	YES	NO	Personal issues that would prevent regular attendance?
YES	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:	YES	NO	D & L is a no-smoking facility. Would you be able to comply with our smoke-free areas?
			YES	NO	Have you received workers compensation or disability income payments? If "YES", describe
			YES	NO	This job may require lifting up to 50 lbs. Would you be able to meet this requirement?
YES	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:	YES	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.
YES	NO	Have your driving privileges been suspended or revoked in ANY state in the last 10 years?	YES	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.**