



Employment Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: () _____ Social Security No.: _____
PT FT

Date Available: _____ Part or Full Time: Desired Wage: \$ _____

Position Applied for: _____

A valid drivers license is a requirement for many positions Yes No
 Do you have a valid drivers license?
 Please indicate your license: State: _____
 Number: _____

Day/Hours Available for Work:	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Are there hours, shifts or days you cannot work? Yes No
 If YES, specify: _____

Are you a citizen of the United States? Yes No
 If no, are you authorized to work in the U.S.?

Have you ever worked for this company? Yes No
 If so, when? _____

Have you ever been convicted of, plead guilty or no contest to, received deferred adjudication, or placed under any form of court supervision or probation for any criminal offense (felony or misdemeanor) including driving under the influence (DUI/DWI) or drug related offenses? Yes No

If Yes, please explain in full using additional paper if necessary _____

Education

High School: _____ Address: _____
 From: _____ To: _____ Did you graduate? YES NO
 Degree: _____

College: _____ Address: _____
 From: _____ To: _____ Did you graduate? YES NO
 Degree: _____

Trade/Other: _____ Address: _____
 From: _____ To: _____ Did you graduate? YES NO
 Degree: _____

Note any other details that should be considered in light of your qualification. Include honors, certification, professional memberships, etc. Exclude any which indicate the race, religion, creed, national origin, color, ancestry, age, disability, or sex of its members.

References (Please list two personal references that are not family)

Full Name: _____ Phone: () _____
 Relationship?: _____ Length of relationship?: _____
 Address: _____

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 Relationship?: _____ Length of relationship?: _____
 Address: _____



Previous Employment (list from current to oldest)

Company: _____ Phone: () _____
 Address: _____ Supervisor: _____
 Job Title: _____ Starting Wage: \$ _____ Ending Wage: \$ _____
 Responsibilities: _____
 From: _____ To: _____ Reason for Leaving: _____
 Were you discharged or asked to resign? YES NO May we contact employer for a reference? YES NO

Company: _____ Phone: () _____
 Address: _____ Supervisor: _____
 Job Title: _____ Starting Wage: \$ _____ Ending Wage: \$ _____
 Responsibilities: _____
 From: _____ To: _____ Reason for Leaving: _____
 Were you discharged or asked to resign? YES NO May we contact employer for a reference? YES NO

Company: _____ Phone: () _____
 Address: _____ Supervisor: _____
 Job Title: _____ Starting Wage: \$ _____ Ending Wage: \$ _____
 Responsibilities: _____
 From: _____ To: _____ Reason for Leaving: _____
 Were you discharged or asked to resign? YES NO May we contact employer for a reference? YES NO

Military Service

Branch: _____ From: _____ To: _____
 Rank at Discharge: _____ Type of Discharge: _____
 If other than honorable, explain: _____

Disclaimer and Signature

I hereby certify that the answers to the foregoing questions are true and correct. I understand that any material omission, wholly or in part, including failure to reveal prior employment, and/or furnishing any false or misleading information will be grounds to cease consideration for employment, or grounds for termination after hire.

In connection with my application for employment (including contract for services) with you, I understand that investigative background inquiries are to be made on myself including consumer credit, criminal convictions, motor vehicle (driving), worker's compensation, education and/or previous employment verification and other reports. These reports will include information as to my character, work habits, performance and experience along with reasons for termination of past employment from previous employers. Further, I understand that you will be requesting information from various federal, state, and other agencies which maintain records concerning my past activities relating to driving, credit, criminal, worker's compensation, civil and other experiences. I authorize without reservation any party or agency contacted by this employer to furnish the above-mentioned information. I hereby consent to your obtaining the above information. I understand that to aid in the proper identification of my file or records the following information as well as other information is necessary. I have been given a stand-alone, consumer notification that a report will be requested and used for evaluating me for employment, promotion, reassignment or retention as an employee.

I hereby further acknowledge that I am expected to abide by all company rules and regulations, written or unwritten, promulgated by the company or my management, but that such rules and regulations do not create a contract between me and the company or otherwise restrict the right of either me or the company to terminate the employment relationship. This at-will employment relationship may not be modified by any oral or implied agreement or by the provisions of any company policy or handbook.

I understand that by the nature of retail operations, the company reserves the right (except where prohibited by law) to conduct inspections of my person, lockers, bags, (including purses or briefcases), or parcels brought into or taken out of the work site. I understand that refusal to submit to a requested inspection may result (except where prohibited by law) in termination of my employment.

I understand that as a condition of my employment, I will be required to enter into a mutual agreement to arbitrate claims with the company.

Signature: _____ Date: _____

Authorization to Obtain Consumer Report and/or Investigative Consumer Report

In connection with my application for employment, continued employment, or future consideration for promotion or reassignment, I Understand that Double D Service Center will be conducting inquiries into my background that will include obtaining consumer credit, criminal, driving, personal reference, job reference and other reports pertaining to me and bearing on my credit worthiness, character general reputation personal characteristic,, and/or mode of living. The inquiries will include investigative conversations with persons possessing knowledge relevant to these categories. I understand that I will have the right to request and receive disclosures regarding the nature and scope of any investigation conducted on the basis of this authorization. These background inquiries will be conducted, and reports obtained to provide Double D Service Center with information regarding my character, general work habits, work record and characteristics, skills and abilities, education and training, employment experience, past job performance, reasons for termination of previous employment and other pertinent information.

I understand that for these reporting purposes, Double D Service Center will be using IntelliCorp, 6001 Cochran Road, Suite 200, Solon, OH 44139, a third party acting on Double D Service Center's behalf to provide the reporting information from various federal, state and local government agencies, previous employers, and/or other appropriate sources of information that maintain records or possess knowledge regarding my education, employment, consumer credit, financial, criminal, driving and other relevant activities, expenses and records.

By my signature below, I hereby authorize and consent to Double D Service Center LLC using IntelliCorp, 6001 Cochran Road, Suite 200, Solon, OH 44139, acting on its behalf, obtaining the Information described above about me. I authorize, without reservation or restriction, any person or entity contacted by Double D Service Center or anyone acting on its behalf to furnish the above-stated information and I release any such person or entity from any and all liability for furnishing such information I also release Double D Service Center LLC from any and all liability for conducting such an investigation.

I certify that all Information provided by me is true and correct. I understand that false, incomplete or misleading information given in my application, on this form or in interview(s) will be grounds for the denial of my application and/or may result in discharge from employment after hire.

Please retain this copy for your files.

Signature: _____ Social Security No.: _____

Printed Name: _____ Date: _____

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Signature: _____ Social Security No.: _____

Printed Name: _____ Date: _____