

APPLICATION FOR EMPLOYMENT

DDMS

468 HALLE PARK DR
COLLIERVILLE, TN 38017
(901) 692-5555

EQUAL OPPORTUNITY EMPLOYER M/F/V/H

Position Applied For	Salary Required	Date
Last Name	First Name	Middle Name
Present Street Address		
City, State, Zip code		
Telephone Number	E-mail Address	
Permanent Street Address		
City, State, Zip Code		

WHAT TYPE OF WORK ARE YOU APPLYING FOR? FULL-TIME _____ PART-TIME _____ TEMPORARY _____ CASUAL _____

WHAT SHIFTS ARE YOU AVAILABLE TO WORK? DAYS _____ EVENINGS _____ NIGHT _____ OTHER _____

HAVE YOU EVER BEEN EMPLOYED WITH THIS COMPANY OR FILED AN APPLICATION WITH US BEFORE? YES _____ NO _____

IF SO, WHEN: _____

IF OFFERED EMPLOYMENT, CAN YOU PROVIDE VERIFICATION OF HIGH SCHOOL GRADUATION (OR EQUIVALENCY)? YES _____ NO _____

IF OFFERED EMPLOYMENT, CAN YOU PROVIDE PROOF OF ELIGIBILITY TO WORK IN THE UNITED STATES? YES _____ NO _____

DO YOU POSSESS A VALID CURRENT DRIVER'S LICENSE? YES _____ NO _____

STATE OF ISSUANCE: _____ EXPIRATION DATE: _____

LIST NUMBER AND TYPE OF MOVING VIOLATIONS FOR PREVIOUS THREE YEARS:

Have you ever been convicted or adjudicated of a crime (misdemeanor or felony)? Yes _____ No _____

If so, explain in detail including the conviction, the nature of the offense leading to conviction, how recently such offense was/were committed, sentence imposed and type of rehabilitation:

DISCLOSURE OF A CRIMINAL RECORD WILL NOT NECESSARILY DISQUALIFY YOU FOR EMPLOYMENT. EACH CONVICTION WILL BE EVALUATED ON ITS OWN MERITS WITH RESPECT TO TIME, CIRCUMSTANCES AND SERIOUSNESS, IN RELATION TO THE JOB FOR WHICH YOU ARE APPLYING.

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities.

MAY WE CONTACT YOUR PRESENT EMPLOYER? YES _____ NO _____

EMPLOYER		Dates Employed		Work Performed
Address:		From:	To:	
Telephone Number:		Hourly Rate/Salary		
Job Title:	Supervisor:	Starting	Final	
Reason for Leaving:		\$	\$	
EMPLOYER		Dates Employed		Work Performed
Address:		From:	To:	
Telephone Number:		Hourly Rate/Salary		
Job Title:	Supervisor:	Starting	Final	
Reason for Leaving:		\$	\$	
EMPLOYER		Dates Employed		Work Performed
Address:		From:	To:	
Telephone Number:		Hourly Rate/Salary		
Job Title:	Supervisor:	Starting	Final	
Reason for Leaving:		\$	\$	

If you need additional space, continue on a separate sheet of paper. Please explain any periods of unemployment.

Special Skills and Qualifications: Summarize special job-related skills and qualifications acquired from employment or other experience. Tell us why you feel you are qualified to perform the job for which you are applying.

EDUCATIONAL BACKGROUND

School Name and Location	High School				College/University				Graduate/Professional			
	9	10	11	12	1	2	3	4	1	2	3	4
Diploma/Degree												
Describe Course of Study												
Describe any specialized training, apprenticeship, skills and extra-curricular activities												
Describe any honors you have received												
State any additional information you feel may be helpful to us in considering your application												
List professional, trade, business or civic activities and offices and licenses held. (You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, or handicap or other protected status)												

REFERENCES

Give name, address and telephone number of three references who are not related to you. These may be previous employers if they are willing to give you a personal reference.
1.
2.
3.

Have you ever had any job-related training in the United States military? Yes _____ No _____

If yes, please describe:

Indicate any foreign languages you can speak, read or write fluently:

APPLICANT'S STATEMENT

Please read and sign the following statement.

I hereby certify that all statements made in this application are true and correct to the best of my knowledge and belief. I understand and agree that any misrepresentation or omission of facts in my application may be justification for refusal to hire, or termination of employment.

I further understand that an investigation report may be made as to my character, general reputation, and conviction record. I authorize all past employers, schools, persons and organizations having information or knowledge to provide it to this facility or its duly authorized representative for its use in deciding whether or not to offer me employment and specifically waive any required written notification. I hereby release employers, schools, persons and organizations from all liability in responding to inquiries in connection with my application.

In signing this form, I certify that I understand all of the questions or statements in this application.

I understand and hereby acknowledge that if I am offered and accept employment with this facility, my employment is for no definite period of time and may be, regardless of the date and payment of my wages and/or salary, terminated at any time without prior notice.

APPLICANT'S SIGNATURE:	DATE:
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DDMS, LLC is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications. Thank you for completing this application.