



An Office Management, IT and Healthcare Solutions Company
Staffing | Consulting

Today's Date: _____ Birth Date: _____ SS# _____

Name: _____

Street: _____

City: _____ State: _____ Zip Code: _____

E-mail: _____ Home Phone (____) _____

Cell Phone (____) _____ Emergency Phone (____) _____

Emergency Name _____ Relation _____

Valid Driver's License? Yes _____ No _____ State _____ # _____ Exp. Date _____

Are you legally eligible for employment in the U.S.A.? Yes _____ No _____ (If so, verification required)

Are you still attending high school? _____

Do you have the required working papers? _____ (Needed on or before the first day of work)

Did we ever employ you? _____ If so, when? _____

How did you hear about the position you are applying for? _____

TYPE OF WORK DESIRED: Full Time: _____ Part Time: _____ Both: _____ Per Diem: _____

IN WHAT AREA: Office: _____ Information Technology: _____ Healthcare: _____

Would you consider working: ☐ Weekends & Holidays ☐ Rotating Shifts ☐ On Call ☐ Any Shift

Specify preferred shift: _____

Why do you feel you qualify for this/these jobs? _____

Do you know anyone who works for Dunson & Associates, Inc.? _____

How will you get to work? _____

If there is a day or time when you are definitely unavailable, please indicate here: _____

Have you ever been convicted of a crime? _____ If so, describe in full:

EDUCATION SPECIAL SKILLS AND QUALIFICATIONS: List job-related licenses, skills, training, honors, awards:

School	Name & Address	Years Completed	Did you Graduate?	Degree & Field
High School				
College				
Other				

PROFESSIONAL, LICENSES, REGISTRATIONS, AND/OR CERTIFICATIONS

Type	State Issued	Date Issued	License/Registration Number

Area of Specialization or Major Interest: _____
Special accomplishments & acquired skills: _____

MILITARY SERVICE RECORD –

Were you in the U.S. Armed Forces ? Yes _____ No _____

Did you receive any training in the U.S. Armed Forces that is relevant to the position applied for? Yes ____ No ____
If yes, explain

EMPLOYMENT HISTORY:

Employer & Address: _____

Supervisor: _____ Phone: _____

Position Title: _____ from: _____ to: _____

Describe the work you did: _____

Salary: _____ Reason for leaving: _____

Is this your current employer? Yes ☐ No ☐

If yes, may we contact them for verification of employment? Yes ☐ No ☐

Employer & Address: _____

Supervisor: _____ Phone: _____

Position Title: _____ from: _____ to: _____

Describe the work you did: _____

Salary: _____ Reason for leaving: _____

Employer & Address: _____

Supervisor: _____ Phone: _____

Position Title: _____ from: _____ To: _____

Describe the work you did: _____

Salary: _____ Reason for leaving: _____

Please Read:

The facts set forth in my application for employment are true and complete. I understand that if employed, any false statement on this application may result in my dismissal. I also understand that this application is not intended to be a contract of employment. Furthermore, this application does not obligate the employer in any way if the employer decides to employ me. You are hereby authorized to make any investigation of my employment history, personal history and financial and credit record through any investigative agencies, credit agencies, or bureaus of your choice. I understand that I have the right to make a written request within a reasonable period of time to receive additional, detailed information about the nature and scope of any investigative report that is made.

I certify the information I provided is true. I understand that providing false information will result in immediate termination of my assignment.

Signature _____ Date _____

Professional References: (Not friends or relatives) 2 or 3

Name & Occupation	Address	Phone number

Employment Reference Request

Dunson & Associates, Inc.
Human Resources
P.O. Box 28404
Dayton, Ohio 45428
(937) 854-5940, Fax (937) 854-5941

I, (print name) _____, authorize the company or individual listed below to furnish information regarding my employment history and performance to Dunson & Associates, Inc. I hereby release all individuals and companies listed below from all liability for damage whatsoever that may be incurred as a result of furnishing such information.

Applicant Signature Date Social Security Number

Contact Name: _____ Phone #: _____

Title: _____ Company: _____

Address: _____

For use by Employment Reference or D & A Human Resources only

The applicant listed above has given your name or organization as an employment reference. Your cooperation in completing the information below is appreciated. All information provided is confidential. Please return the reference sheet by mail or fax to the location indicated above.

Dates of Employment _____ Position _____

Please circle the number that best represents your appraisal of the applicant in the areas listed:

	Outstanding	Above Average	Average	Poor
Professional skills	1	2	3	4
People skills	1	2	3	4
Attendance	1	2	3	4
Reliability	1	2	3	4

Reason for leaving: _____

Eligible for Rehire: Yes _____ No _____ If no, please explain _____

Comments: _____

Signature: _____ Printed Name: _____

Title: _____ Date: _____

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Date

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