



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:

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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: \_\_\_\_\_