

# DELL-COMM, INC.

## EMPLOYMENT APPLICATION

(Please Print)

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including age, sex, color, race, creed, national origin,, religious persuasion, marital status, political belief, or disability that does not prohibit performance of essential job functions.

NAME: \_\_\_\_\_ POSITION \_\_\_\_\_ APPLIED \_\_\_\_\_  
 FOR: \_\_\_\_\_  
First Middle Last

CURRENT ADDRESS: \_\_\_\_\_ How \_\_\_\_\_  
 Long? \_\_\_\_\_  
Street Address City State Zip

PREVIOUS ADDRESS: \_\_\_\_\_ How \_\_\_\_\_  
 Long? \_\_\_\_\_  
Street Address City State Zip

PHONE #: (\_\_\_\_) \_\_\_\_\_ SOCIAL SECURITY \_\_\_\_\_  
 #: \_\_\_\_\_

DRIVER'S LICENSE #: \_\_\_\_\_ STATE OF ISSUE: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

**Federal law prohibits the employment of unauthorized aliens. All persons hired must submit satisfactory proof of employment authorization and identity (valid driver's license, birth certificate, Green Card, etc.) within three days of being hired. Failure to submit such proof within the required time shall result in immediate employment termination.**

**NOTICE TO APPLICANTS: Dell-Comm, Inc. is proud to be a drug free workplace. Screening tests for alcohol and illegal drug use is required before hiring, post accident, random and due to reasonable suspicion.**

### EMPLOYMENT EXPERIENCE

Most Recent Employer		Previous Employer		Previous Employer	
Street Address		Street Address		Street Address	
City, State, Zip		City, State, Zip		City, State, Zip	
Telephone Number ( )		Telephone Number ( )		Telephone Number ( )	
Last Supervisor's Name:	May We Contact Employer?	Last Supervisor's Name:	May We Contact Employer?	Last Supervisor's Name:	May We Contact Employer?
Dates Employed	Wage	Dates Employed	Wage	Dates Employed	Wage
Start	Start	Start	Start	Start	Start
End	End	End	End	End	End
Position/Duties		Position/Duties		Position/Duties	

Reason for Leaving	Reason for Leaving	Reason for Leaving
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**EDUCATION & SKILLS**

Please circle the highest grade completed: 7 8 9 10 11 12 College AA, BS, MS, PHD

INSTITUTION NAME	CITY/STATE	DATES	STUDIED / DEGREE

**PROFESSIONAL REFERENCES**

Include only individuals familiar with your work ability. Do not include relatives.

NAME	COMPANY	PHONE NUMBER	YEARS KNOWN RELATIONSHIP
		(   )	
		(   )	
		(   )	

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Do you have any relatives who are presently (or have formerly been) employed by Dell-Comm, Inc.?

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How were you referred to Dell-Comm, Inc.?

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If your application receives consideration, what salary/hourly rate would you require?

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**CERTIFICATION AND NOTICE**

This application form is intended for use in evaluating your suitability for employment. It is not an employment contract.

Please answer all appropriate questions completely and to the best of your ability. Additional testing of job related skills may be required prior to employment. A negative pre-employment drug screen is required for employment with Dell-Comm, Inc.

I certify that the information I have provided on this application is complete and true to the best of my knowledge and belief. I understand that any false information, omissions or misrepresentations of facts may result in rejection of my application or discharge at any time during my employment. I authorize the company or its representatives to investigate all statements contained in this application which may be necessary to arrive at an employment decision.

**PLEASE SIGN AND DATE HERE**

Signed	Date
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