

## APPLICATION FOR EMPLOYMENT

Dufford, Waldeck, Milburn & Krohn LLP is an Equal Opportunity Employer. Employer does not unlawfully discriminate on the basis of race, color, sex, gender, national origin, ancestry, religion, creed, age, physical or mental disability, veteran or military status, or other protected status.

PROVIDE ALL/ONLY INFORMATION REQUESTED OR YOU MAY BE DISQUALIFIED.

### I. Personal Information

\_\_\_\_\_  
 Last Name                                      First Name                                      Middle Initial                                      Social Security #

\_\_\_\_\_  
 Street Address                                      City                                      State      Zip                                      Telephone #

Are you under 19 years of age? Yes \_\_\_ No \_\_\_. If "Yes," state your date of birth: \_\_\_\_\_.

Are you lawfully authorized to work in the United States? Yes \_\_\_ No \_\_\_.

If you are related to any of our employees, please state the name of the employee and the employee's position with Employer, if known. \_\_\_\_\_.

For what position(s) are you applying? \_\_\_\_\_.

On what date will you be available for work? \_\_\_\_\_. Are you on layoff and subject to recall? Yes \_\_\_ No \_\_\_

What are you willing to work? Full Time \_\_\_ Part Time \_\_\_ Temporary \_\_\_ (dates \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_)

List days of week and hours of day you can't work: \_\_\_\_\_. Wage desired: \_\_\_\_\_.

Do you have any commitments that will necessitate your absence from work during regular work hours for more than three days within the next six months? Yes \_\_\_ No \_\_\_. If "Yes," explain: \_\_\_\_\_.

Will you work over 40 hrs/week if required? Yes \_\_\_ No \_\_\_.

Will you accept out-of-town assignments if required. Yes \_\_\_ No \_\_\_.

### II. Job Requirements (Complete this Section only if you have been told the job qualifications/requirements):

I meet all required educational, experience and certification/license qualifications of the job. Yes \_\_\_ No \_\_\_.

If "No" what qualifications do you lack? \_\_\_\_\_

I have reviewed the essential job functions and state that I can perform these functions with or without reasonable accommodation. Yes \_\_\_ No \_\_\_

### III. Employment History

(List chronologically every employer during the past 10 years beginning with most current. Add sheets, if necessary. Do Not Omit any prior employment within this period.)

Date (MO/YR) (From -- To)	Name/Address/Phone of Employer	Last Position	Reason for Leaving

Explain any gaps in your work history that are longer than six months. \_\_\_\_\_

Have you ever been fired from a job or quit under threat of being fired? Yes \_\_\_ No \_\_\_. If Yes, when? \_\_\_\_\_  
 Who was the employer? \_\_\_\_\_. What reason did the employer give you for your dismissal or forced resignation? \_\_\_\_\_.

Please describe any problems in your current job about which you have been warned or disciplined during the past 12 months: \_\_\_\_\_.

Who should we contact to confirm current employment data? \_\_\_\_\_

Name / Title / Telephone #

Can we talk to your current employer now, or only if you are hired? Now \_\_\_\_\_ Only if hired \_\_\_\_\_

Have you ever been employed by us before? Yes \_\_\_ No \_\_\_ . If "Yes" please state the positions held, period of employment and reason for leaving: \_\_\_\_\_

**IV. Education**

School	Name and Location	Graduated? Y/N	Major Subjects
High School			
College			
Technical or Graduate School			

What special training or skills do you have for this job position? \_\_\_\_\_

**V. Criminal Record**

Have you been convicted of or plead guilty (includes also deferred judgment and no contest plea) to a crime or subjected to court martial? (Do not include crimes for which public records are sealed or have been expunged ) Yes \_\_\_ No \_\_\_ . If "Yes," identify nature of the offense, county and state where convicted, date of conviction, and sentence or fine imposed.

If you are presently charged with committing a criminal offense, identify nature of offense, county and state where charges are pending, and status of the charges: \_\_\_\_\_

**VI. Illegal Drugs.** Within the past 60 days, have you used marijuana, cocaine, any narcotics, amphetamines, barbiturates, or other controlled substances that were not taken as prescribed to you by a physician? Yes \_\_\_ No \_\_\_ .

**VII. Personal References (no relatives)**

Name	Address/Phone	Relationship/ Years Acquainted

**PLEASE READ THE FOLLOWING PARAGRAPH BEFORE SIGNING THIS APPLICATION**

I certify that the information in this application is correct to the best of my knowledge. I understand that any misrepresentation of information by statement or omission will result in disqualification or, if already hired, dismissal from employment, no matter when the misrepresentation is discovered. I authorize Employer to contact my references, investigate my employment history, education, credit record, criminal record, and if applicable, driving record. I agree to assist Employer in obtaining background information on me by signing this authorization and any release forms necessary to obtain such information. I understand that **all employment with Employer is at-will**, meaning that employment with Employer may be terminated, with or without cause, and with or without prior notice, at any time, at the option of either me or the Employer. I understand that no supervisor or manager has the authority to enter into an agreement for employment that waives Employer's right to terminate employment at will. I understand that Employer reserves the right to change its personnel policies and employee benefits at any time without approval by employees, and that such changes are accepted by continuing my employment with Employer.

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_