

DNC Cleaning, Inc.



Facility Support Services

DNC Cleaning, Inc.
Facility Support Services
2175 State Hwy 149 – Carthage, TX 75633
Office :903.694.9780 or Fax: 903.694.9780
Email to: apply@dnccleaningservices.com

Date: _____

Telephone #: _____

Position Desired: _____

Full-time Part-time

DNC is an equal opportunity employer and does not unlawfully discriminate in employment. No question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Equal access to employment, services, and programs is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the organization.

Applicant name: _____
(First) (Middle) (Last)

Current Address: _____
(Street) (City) (State/County) (Zip Code)

Previous Address: _____
(Street) (City) (State/County) (Zip Code)

Social Security #: _____ I.D./D.L# _____ State _____

Date you will be available to start work: _____

Days and hours you are available: _____

Are you able to meet the attendance requirements? Yes No

Do you have any objection to working overtime if necessary? Yes No

Can you travel if required by this position? Yes No

Have you ever been previously employed by our organization? Yes No

Can you submit proof of legal employment authorization and identity? Yes No

Are you 18 years of age or older? Yes No

Have you ever been convicted of a crime in the last seven years? Yes No

Do you have friends or relatives currently working for DNC? Yes No

If yes, please provide name(s) _____

How were you referred to us? _____

Have you been convicted of a Misdemeanor in the last five years? Yes No

Have you been convicted of a felony in your lifetime? Yes No

If yes, what was the conviction?

Please explain. _____

(Note: A criminal conviction will not necessarily be bar to employment. Any relevant factors such as age at time of the offense, the seriousness and nature of the violation, and rehabilitation will be taken into account. Any such matters should be fully explained above. Attach a separate piece of paper if necessary.)

For Office Use Only (if hired)

Employee Number: _____ Bldg. Number: _____ D.O.H.: _____
Position Hired For: _____ Rate of Pay: _____ Date of Birth: _____
Emp. Auth Exp. Date: _____ Marital Status: _____ # of Dependents: _____

Employment History

Please provide all employment information for your past three employers starting with the most recent.

1. Employer: _____ Position held: _____

Address: _____ Telephone #: _____

Immediate supervisor and title: _____

Dates employed: From _____ To _____ Salary/Wages: _____

Job description/Responsibilities: _____

Reason for leaving: _____

2. Employer: _____ Position held: _____

Address: _____ Telephone #: _____

Immediate supervisor and title: _____

Dates employed: From _____ To _____ Salary/Wages: _____

Job description/Responsibilities: _____

Reason for leaving: _____

3. Employer: _____ Position held: _____

Address: _____ Telephone #: _____

Immediate supervisor and title: _____

Dates employed: From _____ To _____ Salary/Wages: _____

Job description/Responsibilities: _____

Reason for leaving: _____

Other Skills and Qualifications

Summarize any job-related training, skills, licenses, certificates, and/or other qualifications:

Education Information

Check Highest Grade Completed

1 2 3 4 5 6 7 8 9 10 11 12 GED College

Name of High School Attended: _____

Name of College Attended: _____

Trade School: _____

Languages

Speak

Read

Write

English

Spanish

Chinese

Other

References

Name two people who have known you at least two years (do not include relatives, former employers, or personnel of this company)

1. Name: _____ Telephone: _____

Address: _____

Business & Position: _____

2. Name: _____ Telephone: _____

Address: _____

Business & Position: _____

Drug/Alcohol Testing Program

DNC Cleaning has a drug/alcohol testing program. This program is used for Pre-Employment at random on job sites or on the job injuries involving a doctor's visit. Refusal to be tested on this program will be grounds for not hiring a prospective employee or for terminating a current employee.

Applicant's Certification and Statement (Read carefully before signing)

I hereby certify that the answers to the foregoing questions are true to the best of my knowledge and I understand that any misstatement of fact will, if I am employed, subject me to immediate dismissal. I also agree to follow policies and procedures of DNC Cleaning, Inc. I also understand that as a normal employment procedure, a routine inquiry may be made concerning my background and qualifications. I authorize such an investigation and understand that, upon my written request, information on the nature and scope of the inquiry, if one is made, will be provided to me. My present employer (may___/may not ___) be contacted (Please check one). I also understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future.

Date

Signature of Applicant

Information Verification

After I have accepted the job offer, I authorize DNC Cleaning to request a Background Check, a copy of my credit report from the Credit Bureau (Credit report for salary, exempt personnel only, in compliance with the FCRA) and a copy of my Motor Vehicle Driving Record, in the event that my position requires the use of a motor vehicle. I hereby agree to submit to drug test(s) that may be requested of me, whether prior to my employment, or, if employed by this company, at any time thereafter. I further understand that this is an application for employment and that no employment contract is being offered. I understand that if I am employed, such employment is at will and that the company can change wages, benefits, and conditions at any time. I understand that the company may terminate my employment at any time with or without reason. If the job requires me to be insured (drivers, etc.), I will immediately inform DNC Cleaning at any time I become uninsurable. I have read and understand the above.

Date

Signature of Applicant

Because of my limited abilities in speaking and/or writing the English language, I have agreed to let someone other than myself fill out this application. I have signed below agreeing that the questions in this application were translated into a language that I understand and that I understand all the questions.

Date

Signature of Applicant

Debido a que no hablo o escribo bien en el idioma ingles, he estado de acuerdo de que alguien me liene esta solicitud o he leído la traducción completa. Firmo la presente en señal de que las preguntas a esta solicitud fueron traducidas al Español y que entiendo todas ellas.

Fecha

Firma de Solicitante