

P. GRAHAM DUNN
Employment Application



APPLICANT INFORMATION													
Last Name				First				M.I.		Date			
Street Address						Apartment/Unit #							
City				State				ZIP					
Phone				E-mail Address									
Date Available				Social Security No.				Desired Salary					
Position Applied for													
Are you a citizen of the United States?				YES <input type="checkbox"/>		NO <input type="checkbox"/>		If no, are you authorized to work in the U.S.?				YES <input type="checkbox"/> NO <input type="checkbox"/>	
Have you ever worked for this company?				YES <input type="checkbox"/>		NO <input type="checkbox"/>		If so, when?					
Have you ever been convicted of a felony?				YES <input type="checkbox"/>		NO <input type="checkbox"/>		If yes, explain					
EDUCATION													
High School				Address									
From		To		Did you graduate?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		Degree			
College				Address									
From		To		Did you graduate?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		Degree			
Other				Address									
From		To		Did you graduate?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		Degree			
REFERENCES													
<i>Please list three professional references.</i>													
Full Name						Relationship							
Company						Phone							
Address													
Full Name						Relationship							
Company						Phone							
Address													
Full Name						Relationship							
Company						Phone							
Address													

PREVIOUS EMPLOYMENT			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

MILITARY SERVICE	
Branch	From To
Rank at Discharge	Type of Discharge
If other than honorable, explain	

DISCLAIMER AND SIGNATURE	
I certify that my answers are true and complete to the best of my knowledge.	
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.	
Signature	Date

DISCLOSURE AUTHORIZATION FORM

In signing this application for employment, I state that in completing this application for employment form, all of my responses are true to the best of my knowledge. I understand that by accepting this application neither P. Graham Dunn (employer) nor any of its employees have made any expressed or implied offers of employment. I understand and agree that, if hired, my employment is for no definite period and may be terminated at any time without any prior notice. In connection with my application for employment with P. Graham Dunn, I understand that investigative background inquiries may be conducted concerning myself including criminal history, educational, employment and personal references. These reports may be done at any time during my employment with P. Graham Dunn and may include information as to my character, general reputation, personal characteristics, work habits, performance, and experience along with reasons for termination of past employment from previous employers. Further, I understand that the employer will be requesting information from various governmental agencies that maintain records concerning any criminal record. I hereby unconditionally release the employer and all parties supplying such information from all liability that might result from furnishing this information, or its use. I authorize, without reservation, any party or agency contacted by this employer or its agent to furnish the above mentioned information.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge, and that I will be required to abide by all rules and regulations of the employer.

Date

Date of Birth (necessary for criminal background checking purposes)

Print Applicant's Name

SSN

Applicant's Address

City, ST ZIP

Applicant's Signature

Driver's License #

State Issued

Additional States to be checked

Applicants are considered and employees are treated during employment without regard to age, race, color, religion, sex, national origin, marital or veteran status, medical condition, or disability. Date of birth is required from all applicants and employees to facilitate a background check.