



APPLICATION FOR EMPLOYMENT

Today's Date: _____ - _____ - _____

PERSONAL INFORMATION

Complete Name : _____ Social Security No.: _____ - _____ - _____
 Present Address : _____ Phone Number: (_____) _____ - _____
 City / Town: _____ Alternate Phone: (_____) _____ - _____

Employment Desired Full Time Part Time Available to work overtime if asked? YES NO
 Position _____ Start Date: _____ Desired Wage \$ _____ (per hour)
 Are you currently employed? YES NO If so, may we contact your current employer? YES NO

EDUCATION

	Name of School	City / State	Last Year Completed	Graduated
High School			<i>Last year completed</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO
College			<i>Last year completed</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO
Other			<i>Last year completed</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO

GENERAL INFORMATION

Subject of Special Study: _____

Job Related Skills: _____

Do you own your own Hand Tools? YES NO

Have you ever been convicted of a crime? YES NO If yes, please explain: _____

Are you a citizen of the U.S. or authorized to work in the U.S.? YES NO

Do you have a valid driver's license? YES NO

Do you have any violations on your driver's license in the past 12 months? YES NO

Office Use Only

Contact Date	_____
Interview Date	_____
Resume Attached	_____
Comments	_____



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MEDICAL

- A Do you have any physical limitations to performing installation or service work that requires lifting objects 75 lbs or more, climbing ladders, driving 90 minutes or longer, etc.? YES NO
- B Have you ever applied for or received disability payments for any illness or injury? YES NO
- C Do you have a problem, or have you previously (in the past 5 years) been treated for alcoholism, alcohol abuse, narcotic addition, drug abuse or hallucinogens? YES NO

FORMER EMPLOYMENT

Month / Year	Name or Employer - City, State	Phone	Position Held	Pay Scale	Reason For Leaving

Where you discharged or asked to resign from any position? YES NO **If yes, please explain:** _____

REFERENCES

Name of Reference	Phone	Phone	Relationship	Years Known

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Comments	_____



Corporate Office Tel 319 - 626 - 3667
 1810 - Dan's Drive Fax 319 - 626 - 4530
 North Liberty, Iowa 52317 www.dansdoors.com



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READ THIS INFORMATION CAREFULLY

I, the undersigned, authorize Dan's Overhead Doors and More, Inc. to contact my former employers, references, and other sources in order to verify the facts furnished regarding my character and qualifications. I hereby release any such person from liability of any nature in connection with the furnishing of such information. I authorize Dan's Overhead Doors and More, Inc. to conduct a thorough background investigation to include, but not limited to, Department of Motor Vehicle records.

I, affirm that I have read the above information and have answered all the questions completely and accurately. I understand that any omissions or falsifications of information on this application or resume will be cause for dismissal at any time after employment.

Signature: _____ Date: _____

In order for us to conduct a thorough background investigation, applicant must provide their date of birth. _____ / _____ / _____

Physical Exam / Pre-Employment Drug Testing: If offered a position, you may have to pass a physical examination and pre-employment drug test. There is no cost to you for this appointment; Please sign below to authorize us to make your appointment.

Signature: _____ Date: _____

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Comments	