

DAVID S. BROWN ENTERPRISES, LTD.

APPLICATION FOR EMPLOYMENT

(PLEASE PRINT CLEARLY – IF ADDITIONAL SPACE IS NEEDED TO RESPOND TO ANY QUESTION, PLEASE USE THE BACK OF THE PAGE)

David S. Brown Enterprises, Ltd. (the “Company”) is an Equal Opportunity Employer.

NAME _____
Last Name First Name Middle Name

SOCIAL SECURITY NUMBER _____

ADDRESS _____
Number and Street City, State, Zip

TELEPHONE NUMBER: Day _____ Evening _____
(with area code)

Position applied for: _____ Date Available: _____ Pay Expected: \$ _____

Are you at least 18 years old? Yes _____ No _____ If not, do you have a valid work permit? Yes ___ No ___

Are you legally authorized to work for this Company in the U.S.? Yes _____ No _____
If hired, it will be necessary for you to promptly submit documentation of your identity and right to work for this Company [organization] in the U.S.

Have you previously applied for employment with this Company? _____ If so, list dates: _____

If so, were you ever offered a position? _____ Did you ever work for this company? Yes _____ No _____

If so, when? List all dates: _____

Do you want to work Full-time _____, Part-time _____, or Casual _____.

Do you want a Regular position _____ or a Temporary position _____, (if temporary list applicable dates)

Are you on layoff status and eligible for recall with any former employer? Yes _____ No _____

If yes, explain: _____

List your days and hours of availability:

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
From							
To							

Do you have reliable means of transportation to get to work? Yes _____ No _____

Do you have any responsibilities which may interfere with your ability to arrive at work on time and remain at work throughout each regularly scheduled workday? Yes _____ No _____

If yes, explain: _____

Are you willing to work overtime as may be required? Yes _____ No _____

If no, explain: _____

If the position for which you are applying requires you to drive a vehicle, do you have a valid drivers license for the applicable type of vehicle? Yes _____ No _____ Not Applicable _____

Please explain any suspension or revocation of your license or "points" assessed against your license.

Are you a veteran of U.S. military service? Yes _____ No _____

If yes, note your final rank and describe your duties: _____

For purposes of obtaining information regarding your employment, education, and background, please list all different names by which you have been known.

EDUCATION	NAME AND LOCATION OF SCHOOL	CIRLCE LAST YEAR COMPLETED	DID YOU GRADUATE?	MAJOR AND DEGREE RECEIVED
HIGH SCHOOL		9 10 11 12		
COLLEGE		1 2 3 4		
TRADE/BUSINESS SCHOOL		1 2 3 4		

List 3 people as personal references; at least two of whom are not related to you.

Name	Years Known	Address	Phone Number

Are you subject to any non-competition agreement or other restrictive covenant from any former or current employer or other person or company? Yes _____ No _____

If yes, attach a copy of all applicable documents

WORK EXPERIENCE: List the jobs you have held, starting with your present (or most recent) job.

1.

NAME OF PRESENT OR LAST EMPLOYER		TYPE OF BUSINESS	ADDRESS	
TELEPHONE	STARTING DATE	TERMINATION DATE	STARTING PAY	FINAL PAY
JOB TITLE (PRESENT OR LAST)		NAME OF PRESENT OR LAST SUPERVISOR	SUPERVISOR'S JOB TITLE	
DESCRIPTION OF WORK AND RESPONSIBILITIES			REASON FOR LEAVING	

May we contact your present employer? Yes No If no, explain.

2.

NAME OF NEXT PREVIOUS EMPLOYER		TYPE OF BUSINESS	ADDRESS	
TELEPHONE	STARTING DATE	TERMINATION DATE	STARTING PAY	FINAL PAY
JOB TITLE (LAST)		NAME OF LAST SUPERVISOR	SUPERVISOR'S JOB TITLE	
DESCRIPTION OF WORK AND RESPONSIBILITIES			REASON FOR LEAVING	

3.

NAME OF NEXT PREVIOUS EMPLOYER		TYPE OF BUSINESS	ADDRESS	
TELEPHONE	STARTING DATE	TERMINATION DATE	STARTING PAY	FINAL PAY
JOB TITLE (LAST)		NAME OF LAST SUPERVISOR	SUPERVISOR'S JOB TITLE	
DESCRIPTION OF WORK AND RESPONSIBILITIES			REASON FOR LEAVING	

4.

NAME OF NEXT PREVIOUS EMPLOYER		TYPE OF BUSINESS	ADDRESS	
TELEPHONE	STARTING DATE	TERMINATION DATE	STARTING PAY	FINAL PAY
JOB TITLE (LAST)		NAME OF LAST SUPERVISOR	SUPERVISOR'S JOB TITLE	
DESCRIPTION OF WORK AND RESPONSIBILITIES			REASON FOR LEAVING	

5.

NAME OF NEXT PREVIOUS EMPLOYER		TYPE OF BUSINESS	ADDRESS	
TELEPHONE	STARTING DATE	TERMINATION DATE	STARTING PAY	FINAL PAY
JOB TITLE (LAST)		NAME OF LAST SUPERVISOR	SUPERVISOR'S JOB TITLE	
DESCRIPTION OF WORK AND RESPONSIBILITIES			REASON FOR LEAVING	

► To provide information regarding additional prior jobs, please check here _____ and use the back of Page 4.

Have you ever been discharged or asked to resign from a position or have you ever entered into an agreement related directly or indirectly to the termination of your employment? Yes _____ No _____

If yes, explain: _____

Have you ever been demoted from any position? Yes _____ No _____

If yes, explain: _____

Please provide a detailed explanation of any disciplinary actions taken against you.

Have you ever been denied security or access authorization? Yes _____ No _____

If yes, explain: _____

Have you ever been denied a bond? Yes _____ No _____

If yes, explain: _____

Please note any special skills, experience or other information which relate to your qualifications for the job you are applying for.

