

D&D Decorators, Inc.

1001 Cedar Street, Brunswick, GA 31520

Voice (912) 261-0306

Fax (912) 261-2679

Application for Employment

We are an equal opportunity employer and do 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: _____ Date: _____

Position(s) applied for or type of work desired: _____ Expected Salary \$ _____

Address: _____

Telephone #: _____ Social Security #: _____

Type of employment desired: _____ full-time _____ part-time _____ temporary

Date you will be available to start work: _____

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

If you are under 18, can you furnish a work permit if it is required? _____ Yes _____ No

Is there anything that would prevent you from working on a _____ Yes _____ No

40ft extension ladder?

Have you ever been convicted of a crime in the last 7 years? _____ Yes _____ No

If yes, please explain (a conviction will not automatically bar employment): _____

Drivers license number (if driving is an essential job duty): _____

How were you referred to us? _____

Employment History

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

Employer: _____ Position held: _____

Address: _____ Telephone #: _____

Immediate supervisor and title: _____

Dates employed: from _____ to _____ Salary: _____

Job summary: _____

Reason for leaving: _____

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Employment History continued

Employer: _____ Position held: _____

Address: _____ Telephone #: _____

Immediate supervisor and title: _____

Dates employed: from _____ to _____ Salary: _____

Job summary: _____

Reason for leaving: _____

Other Skills and Qualifications

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

Educational History

List school name and location, years completed, course of study, and any degrees earned:

High school: _____

College: _____

Technical Training: _____

Other: _____

References

List 3 references names, telephone numbers, and years known (do not include relatives or employers):

I hereby authorize the potential employer to contact, obtain, and verify the accuracy of information contained in this application from all previous employers, educational institutions, and references. I also hereby release from liability the potential employer and its representatives for seeking, gathering, and using such information to make employment decisions and all other persons or organizations for providing such information.

I understand that any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate termination of employment if I am employed, whenever it may be discovered.

If I am employed, I acknowledge that there is no specified length of employment and that this application does not constitute an agreement or contract for employment. Accordingly, either I or the employer can terminate the relationship at will, with or without cause, at any time, so long as there is no violation of applicable federal or state law.

I understand that it is the policy of this organization not to refuse to hire or otherwise discriminate against a qualified individual with a disability because of that persons need for a reasonable accommodation as required by the ADA.

I also understand that if I am employed, I will be required to provide satisfactory proof of identity and legal work authorization within three days of being hired. Failure to submit such proof within the required time shall result in immediate termination of employment.

I represent and warrant that I have read and fully understand the foregoing, and that I seek employment under these conditions.

Applicant signature: _____ Date: _____

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Release/Disclosure for Employment Purposes Background and Reference Investigation Authorization

As part of its due diligence procedures, D&D Decorators, Inc., requires that a background investigation and a check of references be conducted. The objectives of the investigation are to verify information provided during the application process, investigate references and identify any factors that might be inconsistent with D&D Decorators, Inc. employment requirements.

I, _____, give D&D Decorators, Inc. permission and authority to conduct a due diligence investigation and reference check into my past and current activities. I understand and consent to an investigation that may include, but is not limited to, information as to my personal character, general reputation, verification of previous employment, and employment reference, verification of education, credit history, motor vehicle driving record, social security wage information, criminal records, and other information contained in public records.

I authorize and request any former employers, schools, police departments, states, cities, and Counties, or any other person to furnish D&D Decorators, Inc. designees information concerning:

My Work Habits	Character	Criminal Record	Social Security Info.
Reason for Termination	Reputation	Driving Record	Credit History
Salary History	*Worker Comp Claims	Education History	Transcripts

And all other relevant information requested by D&D Decorators, Inc.

I hereby release all persons, companies, corporations, schools, or individuals from all liability and responsibility that may result from providing D&D Decorators, Inc. with such information as requested.

I understand that if hired, my employment is for no definite period of time, consistent with state law, and may be terminated with or without cause and with or without notice, at any time, at the option of either, D&D Decorators, Inc., or myself. No employee representative, manager, official, or supervisor of D&D Decorators, Inc., other than the President or any Vice President of D&D Decorators, Inc., has any authority to enter into any agreement for employment for a specified period of time or make any agreement relative to employment that is contrary to the foregoing. Any such employment agreement will be in writing, signed by the designated officer and clearly specifying its term.

If I am not hired due to information contained in the background screen report, I will be notified in writing and a copy of the said report will be supplied to me with a written summary of my rights under the Fair Credit Reporting Act of 1970 as amended in 1996.

_____ Applicant's Name	_____ Social Security Number	
_____ Current Street Address	_____ City, State, and Zip Code	
_____ Driver's License #	_____ State	_____ **Date of Birth
_____ Signature	_____ Date	

*Subject to the Americans with Disabilities Act of 1990 (ADA)
The Age Discrimination in Employment Act of 1967 (ADEA) prohibits discrimination on the basis of age with respect to individuals who are at least 40 years of age.

***PRE-EMPLOYMENT DRUG TESTING CONSENT
AND RELEASE FORM***

I hereby consent to submit to urinalysis and/or other tests as shall be determined by D&D Decorators in the selection process of applicants for employment, for the purpose of determining the drug content thereof.

I agree that Doctors Laboratory may collect these specimens for these tests and may test them or forward them to a testing laboratory designated by the Company for analysis. I further agree to and hereby authorize the release of the results of said tests to the Company. I understand that it is the current use of illegal drugs that would prohibit me from being employed at this Company.

I further agree to hold harmless the Company and its agents (including the above named physician or clinic) from any liability arising in whole or part, out of the collection of specimens, testing, and use of the information from said testing in connection with the Company's consideration of my application of employment.

I further agree that a reproduced copy of this pre-employment consent and release form shall have the same force and effect as the original.

I have carefully read the foregoing and fully understand its contents. I acknowledge that my signing of this consent and release form is a voluntary act on my part and that I have not been coerced into signing this document by anyone.

APPLICANT:

Print Name: _____ S.S.#: _____

Signature: _____ Date: _____

WITNESS:

Print Name: _____

Signature: _____