# APPLICATION FOR EMPLOYMENT

All applicants are considered for all positions without regard to race, religion, color, sex, gender, sexual orientation, pregnancy, age, national origin, ancestry, physical/mental disability, severe/morbid obesity, medical condition, military/veteran status, genetic information, marital status, ethnicity, alienage or any other protected classification, in accordance with applicable federal, state, and local laws. By completing this application, you are seeking to join a team of hardworking professionals dedicated to consistently delivering outstanding service to our customers and contributing to the financial success of the organization, its clients, and its employees. Equal access to programs, services, and employment is available to all qualified persons. Those applicants requiring accommodation to complete the application and/or interview process should contact a management representative. Please print

	nu contact a management repre				
Position(s) Applied for	Date of Application				
Print Name (Last, First, & Mido	dle)				
,					
Street Address	City	State	Zip Code		
Main Phone Number	Alternate Phone Number	Email			
EMPLOYMENT EXPERIENCE Please list the names of your present or previous employers in chronological order with present or most rece employer listed first. Be sure to account for all periods of time. If self-employed, give firm name and supply busine references. Add additional page if necessary. ***Federal Motor Carrier Safety Regulations require a minimum of years of employment history when applicable. Also the F.M.C.S.R. requires a minimum of 3 years of past residences.**					
Name of Employer	Sı	upervisor	May we	e contact?	
			☐ Yes □	□ No	
Street Address					
Phone Number		Dates Employed (Month/Year)			
	Fi	rom	То		
Job Title and Duties		Reason for Leaving			
Name of Employer	S	upervisor	May we	e contact?	
Traine of Employer		aper visor	☐ Yes ☐		
Charles Addition			_ L Yes L	UVU	
Street Address					
Phone Number	D	Dates Employed (Month/Year)			
	Fr	rom	То		
Job Title and Duties	R	Reason for Leaving			

Name of Employer	Supervisor	May we contact?		
		☐ Yes ☐ No		
Street Address				
Phone Number	Dates Employed (Month/Yea	r)		
Thome realises	From	То		
Lab Title and Duties		10		
Job Title and Duties	Reason for Leaving			
Have you ever been involuntarily terminated or asked to resign from any job? ☐ Yes ☐ N				
If yes, please explain				
i yes, piedse explain				
Please explain any gaps in your employment history:		1		

NOTES:

•	other experience, job relation of the valuating your qualifi			, or othe	r qualifications	that you believe should	
	, , , , , , , , , , , , , , , , , , ,	•					
EDUCATION Please describ	pe your educational backg	round in the tal	ble provided belo	ow.			
	School Name	Years Completed	Diploma/ Degree (Yes/No)		f Study/Major	Specialized Training, Skills, or Extra- Curricular Activities	
High School							
College/ University							
Graduate/ Professional School							
Trade School							
Other							
	PROFESSIONAL REFERENCES ee professional references	s of individuals	who are <b>not</b> rela	ted to vo	ou.		
Name and Titl		Relationship		,	Phone Number	er or Email	
PERSONAL REFE		well.					
Please list three people who know you Name and Title		Relationship and Years Acquainted		nted	d Phone Number or Email		
				_			
					1		

1. 2.	•	er used anothe	r nama?				
2.			ı namer				□ Yes □ No
	Is any additi	onal information	on relative to nar	me changes, use	e of an assum	ied name, or nicl	kname necessary to
	enable a ch	eck on your woi	rk and education	nal record?			□ Yes □ No
	a. If ye	es to either of th	ne above, please	explain:			
3.	Have you ev	er worked for t	his company be	fore?			Yes 🗆 No
	a. If ye	es, please give d	lates and positio	n:			
4.	Do you have	e friends and/or	relatives workir	ng for this comp	any?		□ Yes □ No
	a. If ye	es, name(s) and	relationship(s):				
5.	On what da	te are you availa	able to begin wo	ork?			
6.	Days/Hours	available to wo	ork:				
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
7.	Are you ava	ilable to work?	☐ Full-time ☐	Part-time $\square$	Shift Work	☐ Temporary	
8.	Minimum sa	alary required:			Per Hour \$_	Per Mon	th \$
9.	If hired, wo	uld you have a r	eliable means o	f transportation	to and from	work?	□ Yes □ No
10	). Are you at l	east 18 years ol	d?				□ Yes □ No
	a. Not	e: If under 18, h	nire is subject to	verification tha	t you are of n	ninimum legal ag	ge.
11	L. If hired, can	you present ev	idence of your id	dentity and lega	al right to wo	rk in this country	?□ Yes □ No
12	2. Are you able	e to perform the	e essential job fu	unctions of the j	ob for which	you are applying	g with or without
	reasonable	accommodation	າ?				□ Yes □ No
	a. Not	e: We comply w	vith the ADA and	d consider reasc	nable accom	modation measu	ires that may be
	nec	essary for quali	fied applicants/e	employees to pe	erform essent	tial job functions	
	•		•			ise? □Yes □N	
	. •		•		_	kets? □Yes □	No
ii ye:	s piease exp	iain below NO	W and NOT in	the interview:			

<u>Please note:</u> A conviction will not necessarily automatically disqualify you for employment. Rather, such factors as age and date of conviction, seriousness and nature of the crime, and rehabilitation will be considered. We often need our employees to access secure facilities, such as Naval Base Norfolk, Newport News Shipyard, and other secure facilities etc. so this is a legitimate business concern that all eligible field crew be able to pass security screening for access to these facilities.

# APPLICANT STATEMENT AND AGREEMENT

Please read and initial each paragraph below. If there is anything that you do not understand, please ask.
I hereby authorize the Company to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the prior employers and references I have listed to disclose to the Company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the Company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.
In the event of my employment with the Company, I understand that I am required to comply with all rules and regulations of the Company.
If hired, I understand and agree that my employment with the Company is at-will, and that neither I, nor the Company is required to continue the employment relationship for any specific term. I further understand that the Company or I may terminate the employment relationship at any time, with or without cause, and with or without notice. I understand that the at-will status of my employment cannot be amended, modified, or altered in any way by any oral modifications.
I understand that safety of employees is extremely important to the Company and that the Company is committed to ensuring a safe working environment. I understand that I, and every employee, have a responsibility to prevent accidents and injuries by observing all safety procedures and guidelines and following the directions of my site supervisor. I understand and agree to comply with federal, state, and local regulations related to on-the-job safety and health.
I hereby certify that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission of misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.
I understand that if I am selected for hire, it will be necessary for me to provide satisfactory evidence of my identity and legal authority to work in the United States, and that federal immigration laws require me to complete an I 9 Form in this regard.
I understand that if any term, provision, or portion of this Agreement is declared void or unenforceable, it shall be severed and the remainder of this Agreement shall be enforceable.
<u>All positions</u> at Distinctive Event Rentals are <u>labor intensive</u> . Everyone filling out this application is applying for positions that require lifting, pushing, pulling, walking, and standing for long periods of time.

#### **AUTHORIZATION**

I certify that the facts that I have given in this application are true and complete to the best of my knowledge and understand that, if employed; falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references and employers listed above to give Distinctive Event Rentals any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information. I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

# **PLEASE NOTE**

**Distinctive Event Rentals** is a drug free workplace, and as a condition of my employment I realize that I will need to comply with mandatory pre-employment urinalysis, hair sampling or saliva test, and random testing thereafter, for the purpose of drug and alcohol testing.

# **PLEASE NOTE:**

At the company's discretion, a <u>background check</u> may be performed on any employee or potential employee at any time. By signing this application you are giving us permission to check your background at any time necessary before and/or during your employment with Distinctive Event Rentals. Any omission of information on the employee's application that is discovered during or after this process will be grounds for dismissal.

MY SIGNATURE BELOW ATTESTS TO THE FACT THAT I HAVE READ, UNDERSTAND, AND AGREE TO ALL OF THE ABOVE TERMS.

Signature:	
Name (print):	Date: