



**DIESEL INJECTION SERVICE, INC.
DIS ELECTRICAL WAREHOUSE**

EMPLOYMENT APPLICATION

DIS is an equal opportunity employer and fully subscribes to the principles of Equal Employment Opportunity. It is the policy of this company to provide employment, compensation and other benefits related to employment based on qualifications, without regard to race, color, religion, national origin, age, gender, veteran status or disability, or any other basis prohibited by federal or state law. As an equal opportunity employer, this company intends to comply fully with all federal and state laws and the information requested on this application will not be used for any purpose prohibited by law. Disabled applicants may request any needed accommodation.

PLEASE PRINT PLAINLY AND BE SURE TO SIGN THIS APPLICATION

PERSONAL DATA

Date _____ Social Security Number _____

Name _____
Last First Middle

Address _____
Street City State Zip

Home Phone _____ Business Phone _____

Are you a United States citizen or do you have an entry permit which allows you to lawfully work in the U.S.? Yes No

Are you 18 years or older? Yes No

Have you ever applied to DIS before? Yes No

Have you been previously employed by DIS? Yes No

If yes, when? _____ In what capacity? _____

Are you currently employed? Yes No

Who referred you to DIS? Our Advertisement Employment Agency Job Service
 Friend/Relative No One Other _____

Names of friends or relatives employed by this company:

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

EMPLOYMENT DESIRED

Position(s) applied for _____ Full time ___ Part time

If part time, what days and hours are you available? _____

Date available to start _____ Salary requirement _____

EDUCATION

	Name and Location of School	Number of Years Completed	Did you Graduate	Course of Study	Degree
High School					
College					
Other					
Other					

List any special skills or qualifications which you feel are relevant to the job for which you are applying.

MILITARY

Branch _____ From _____ To _____

What were your duties? _____

Did you receive any specialized training? ___ Yes ___ No

If yes, describe _____

EMPLOYMENT HISTORY

Please give accurate and complete information. Start with present or most recent employer;

Company Name _____ Telephone Number _____

Address _____ Employed From ____ / ____ To ____ / ____

Name of Supervisor _____ Hourly Pay: Start _____ Last _____

Position and Responsibilities _____

Reason for Leaving _____

Company Name _____ Telephone Number _____
Address _____ Employed From ____ / ____ To ____ / ____
Name of Supervisor _____ Hourly Pay: Start _____ Last _____
Position and Responsibilities _____
Reason for Leaving _____

Company Name _____ Telephone Number _____
Address _____ Employed From ____ / ____ To ____ / ____
Name of Supervisor _____ Hourly Pay: Start _____ Last _____
Position and Responsibilities _____
Reason for Leaving _____

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Company Name _____ Telephone Number _____
Address _____ Employed From ____ / ____ To ____ / ____
Name of Supervisor _____ Hourly Pay: Start _____ Last _____
Position and Responsibilities _____
Reason for Leaving _____

REFERENCES

May we communicate with your present employer? ____ Yes ____ No

List three people (no relatives) you have worked with and whom we may contact for a reference.

Name Address Phone

Name Address Phone

Name Address Phone

Please read the following statements carefully before you sign your name.

"I HEREBY CERTIFY that the answers given by me to the above questions and statements are true and correct and hereby authorize you to contact references, past or present employers, persons, schools, law enforcement agencies and any other source of information which may be relevant to my application for employment. It is understood and agreed that any misrepresentation, false statement, or omissions by me in this Application will be sufficient reason for rejection of my application or for dismissal at any time during my employment, without liability to DIS. I have read, understand and agree to the above statement.

(Please initial here) _____

I further understand that no representative of DIS has the authority to enter into any agreement for employment for any specified period of time and that this Company is not guaranteeing employment for anyone. No employment contract is created by virtue of my being hired by DIS. I have read, understand and agree to the above statement.

(Please initial here) _____

I understand that this application will remain on file for 60 days for consideration. After 60 days, if I am still interested in a position with DIS, it will be necessary for me to complete a new application form."

SIGNATURE _____ DATE _____