

Have you ever been convicted of a felony? YES NO
 (A conviction record will not necessarily be a bar to employment. This information will be used only for job-related purposes and only to the extent permitted by applicable law.)

Any restrictions on hours, weekends, or overtime? YES NO If yes, explain.

Can you travel if position requires it? YES NO

Have you received any job-related training in the United States Military? YES NO If yes, explain.

Summarize any job-related, academic honors, professional licenses and/or certificates that support your application. (Exclude memberships in professional organizations that may reveal information regarding sex, race, religion, national origin, age, or disability or other protected status.)

Are you currently employed? YES NO
 If yes, may we contact your previous employers? YES NO

Have you ever been discharged or asked to resign from a job? YES NO
 If yes, explain:

RECORD OF EDUCATION

Type of School	Name of School	Location (Complete mailing address)	Years Completed	Major & Degree
High School				
College				
Business or Trade School				
Other				

REFERENCES

(List three individuals, not relatives or supervisors)

Name	Address	Phone	Relationship	Yrs. Known

Applicant's Last Name: _____

EMPLOYMENT HISTORY

(List your work experience for the past five years beginning with your most recent job held.
Attach additional sheets if necessary.)

Name of Employer:	Name of last Supervisor and Title:	Employment dates:	Rate of Pay:
Address:		From: To:	Start: Final:
Telephone #:	Last Job Title:		
Reason for leaving:			
Describe the Work Performed:			

Name of Employer:	Name of last Supervisor and Title:	Employment dates:	Rate of Pay:
Address:		From: To:	Start: Final:
Telephone #:	Last Job Title:		
Reason for leaving:			
Describe the Work Performed:			

Name of Employer:	Name of last Supervisor and Title:	Employment dates:	Rate of Pay:
Address:		From: To:	Start: Final:
Telephone #:	Last Job Title:		
Reason for leaving:			
Describe the Work Performed:			

Name of Employer:	Name of last Supervisor and Title:	Employment dates:	Rate of Pay:
Address:		From: To:	Start: Final:
Telephone #:	Last Job Title:		
Reason for leaving:			
Describe the Work Performed:			

Summarize special job-related skills and training not listed above:

Applicant's Last Name: _____

DO NOT SIGN UNTIL YOU HAVE READ AND UNDERSTAND THE APPLICANT'S STATEMENT

APPLICANT'S STATEMENT:

I understand and agree that:

I hereby certify that the facts set forth in the employment application are true and complete to the best of my knowledge and authorize the Company to verify the accuracy. I hereby release the Company from any and all liability of whatever kind and nature which, at any time, could result from obtaining and making an employment decision based on such information.

Any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (1) eliminate me from further consideration for employment, or (2) may result in my immediate discharge from the employer's service, whenever it is discovered. An applicant who provides un-requested information will be automatically rejected.

Unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without notice or cause. It is further understood that this "at will" employment relationship may not be changed by any written documentation or by conduct unless an authorized executive of this organization specifically acknowledges such change in writing.

I understand that (1) the Company has a drug and alcohol policy that provides for pre-employment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy.

I understand that if I am hired, my employment will be subject to a probationary period, which ordinarily will not exceed 90 days from the date of hire. I further understand that if I am discharged for unsatisfactory work performance within the 90-day probationary period, the Employer may seek to contest any unemployment benefits I might attempt to obtain as a result of my termination.

I understand that should an employment offer be extended to me and accepted, that I will fully adhere to the policies, rules and regulations of employment. However, I further understand that neither the policies, rules, regulations of employment nor anything said during the interview process shall be deemed to constitute the terms of an implied employment contract. I understand that any employment offered is for an indefinite duration and "at-will" and that either I or the Employer may terminate my employment at any time with or without notice or cause.

Signature of Applicant: _____

Date: _____

Dunkelberger is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sex orientation, natural origin, citizenship, age or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications.

Thank you for completing this application and for your interest in our Company.

Notice to Applicants

This Notice should be included in any application for employment. It should also be posted in an appropriate and conspicuous location on your premises and be available in your personnel office for inspection by the general public during regular business hours.

This form should be provided and completed by an applicant at the time of the employment application.

Dunkelberger Engineering (The Company) has established and maintains a drug-free workplace Program. This drug-free workplace Program is in conformity with chapter 440.102, Florida Statutes, its implementing regulations and Federal law.

As part of this Program, offers of employment are expressly conditioned upon passing a drug test. In addition, employees of the Company may be subject to drug testing under those conditions outlined in the Company's Drug and Alcohol Policy Statement.

For a person receiving a conditional offer of employment, failure of a drug test or refusal to submit to drug testing when required by the Company shall cancel or terminate any job offer. For an employee, failing a drug test or refusing to submit to a drug test will result in action against an employee up to and including termination of employment.

A person who receives a conditional offer of employment will have an opportunity to confidentially report to the Medical Review Officer (MRO) both before and after being tested regarding the use of prescription or non-prescription medications. Additionally, a job applicant shall receive a list of common medications which may alter or affect a drug test. A job applicant will also be given names, addresses and telephone numbers of local alcohol and drug rehabilitation programs.

Any person receiving a conditional offer of employment who fails a drug test may challenge or explain the result within five working days after written notification of the test result. A job applicant will also have an opportunity to request a retest at the job applicant's expense. If a job applicant's explanation or challenge is unsatisfactory, the job applicant may contest the drug test results pursuant to rules adopted by the Department of Labor and Employment Security or the Florida Agency for Health Care Administration.

The job applicant also has the responsibility to notify the laboratory or clinic conducting the drug test of any administrative or civil action brought involving the drug test conducted by that laboratory or clinic.

The job applicant also has a right to consult the testing laboratory or clinic for technical information regarding prescription and non-prescription medication. In addition, each job applicant will be given a list prior to administration of the drug tests of the substances to be tested. All test results will remain confidential except as allowed by the law. The Company will provide each job applicant with a copy of the Company's Drug and Alcohol Abuse Policy Statement prior to administration of a drug test

Nothing in this Notice will affect these rights provided in any collective bargaining agreement between the Company and its employees. Refusal to complete or sign this document will result in a withdrawal of any offer of employment.

Name of Company: Dunkelberger Engineering & Testing, Inc_____

Applicant Name: _____

Applicant Signature: _____ Date: _____

Witness: _____

DUNKELBERGER

engineering & testing, inc.

AFFIRMATIVE ACTION VOLUNTARY INFORMATION

The company is an equal opportunity employer and makes all employment decisions without regard to race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, military or veteran status or any other similarly protected status.

In an effort to comply with government required record keeping, reporting and other legal obligations which may apply, we invite you to complete this applicant data form. Providing this information is **STRICTLY VOLUNTARY**. Refusal to provide this information will have no bearing on your application and will not subject you to any adverse treatment. Your cooperation is appreciated.

Section 1: General Applicant Information:

Name:
Date:
Position applied for:

Section 2: Please check all that apply:

Race or Ethnic Identity	Gender	Veteran Status
<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Male	<input type="checkbox"/> Vietnam Era Veteran
<input type="checkbox"/> White (not Hispanic or Latino)	<input type="checkbox"/> Female	<input type="checkbox"/> Special Disabled Veteran
<input type="checkbox"/> Black or African American (not Hispanic or Latino)		<input type="checkbox"/> Other Eligible Veteran
<input type="checkbox"/> Native Hawaiian or Pacific Islander (not Hispanic or Latino)		
<input type="checkbox"/> Asian (not Hispanic or Latino)		
<input type="checkbox"/> American Indian or Alaskan Native (not Hispanic or Latino)		
<input type="checkbox"/> Two or more Races (not Hispanic or Latino)		
<input type="checkbox"/> I do not wish to Self Identify	Signature required:	

Section 3: Referral Source:

<input type="checkbox"/> Walk-in	<input type="checkbox"/> Private Employment Agency	<input type="checkbox"/> School
<input type="checkbox"/> Current Employee	<input type="checkbox"/> Relative	<input type="checkbox"/> Other
<input type="checkbox"/> Advertisement – Source		
Name of person who referred you (if applicable)		

FOR ADMINISTRATIVE USE ONLY

<input type="checkbox"/> Executive/Senior Level Officials and Managers	<input type="checkbox"/> First/ Mid-Level Officials and Managers	<input type="checkbox"/> Professionals
<input type="checkbox"/> Technicians	<input type="checkbox"/> Sales Workers	<input type="checkbox"/> Administrative Support Workers
<input type="checkbox"/> Craft Workers	<input type="checkbox"/> Operatives	
<input type="checkbox"/> Laborers and Helpers	<input type="checkbox"/> Service Workers	

Form to be completed by applicant on a voluntary basis. Not for interview purposes. To be filed separately from application. The information will be used and kept confidential in accordance with applicable laws, and regulations.