



DIESEL ELECTRICAL EQUIPMENT, Inc.

139 NORTH GRIFFITH BLVD
GRIFFITH, INDIANA 46319

219-922-1848

APPLICATION FOR EMPLOYMENT

OPEN EMPLOYMENT QUESTIONNAIRE

AN EQUAL OPPORTUNITY EMPLOYER

PERSONAL INFORMATION

DATE _____

NAME _____
LAST FIRST MIDDLE SOCIAL SECURITY NUMBER

ADDRESS _____
STREET CITY STATE ZIP

PHONE _____ ARE YOU 18 YEARS OLD OR OLDER? YES () NO ()

EMPLOYMENT DESIRED

POSITION _____ DATE YOU CAN START _____ DESIRED SALARY _____

ARE YOU EMPLOYED NOW? _____ IF SO, MAY WE CONTACT YOUR PRESENT EMPLOYER? _____

EVER APPLIED TO THIS COMPANY BEFORE? _____ WHERE? _____ WHEN? _____

EDUCATION

NAME AND LOCATION OF SCHOOLS ATTENDED	YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
GRAMMAR SCHOOL:			
HIGH SCHOOL:			
COLLEGE:			
TRADE/BUSINESS SCHOOL:			

The Age Discrimination in Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 but less than 70 years of age.

GENERAL

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK: _____

U.S. MILITARY SERVICE: _____ RANK _____

PRESENT MEMBER OF NATIONAL GUARD OR RESERVES? _____

(CONTINUED ON OTHER SIDE)

FORMER EMPLOYERS

List below your last three employers, starting with the last one first.

MONTH/YEAR	Name & Address of Employer	Salary	Position	Reason for Leaving
From: _____ To: _____				
From: _____ To: _____				
From: _____ To: _____				

REFERENCES (Give the names of two persons not related to you, whom you have known at least one year)

NAME	ADDRESS	BUSINESS	YEARS AQUAINTED
1. _____	_____	_____	_____
2. _____	_____	_____	_____

PHYSICAL RECORD

DO YOU HAVE ANY PHYSICAL LIMITATIONS THAT PRECLUDE YOU FROM PERFORMING ANY WORK FOR WHICH YOU ARE BEING CONSIDERED? ()YES ()NO

IF YES, WHAT CAN BE DONE TO ACCOMMODATE YOUR LIMITATION? _____

PLEASE DESCRIBE YOUR LIMITATION. _____

IN CASE OF EMERGENCY NOTIFY: _____
NAME ADDRESS PHONE NO.

I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND I 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 LISTED ABOVE TO GIVE YOU AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT, AND ANY PERTINENT INFORMATION THAT THEY MAY HAVE, PERSONAL OR OTHERWISE, AND RELEASE ALL PARTIES FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM FURNISHING SAME TO YOU. I UNDERSTAND AND AGREE THAT, IF HIRED, MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE RATE OF PAY OF MY WAGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT PRIOR NOTICE.

DATE _____ SIGNATURE _____

INTERVIEWED BY _____ DATE _____

HIRED ()YES ()NO POSITION _____ DEPT. _____

SALARY/WAGE _____ DATE REPORTING TO WORK _____

APPROVED 1. _____ 2. _____ 3. _____
EMPLOYMENT MANAGER DEPT. HEAD GENERAL MANAGER

This form has been designed to strictly comply with State and Federal fair employment practice laws prohibiting employment discrimination.