



**Diversified Manufacturing & Assembly, LLC (DMA)**  
APPLICATION FOR EMPLOYMENT

Today's Date (MM/DD/YYYY) \_\_\_/\_\_\_/\_\_\_

*\*PLEASE USE BLACK OR BLUE INK\**

**GENERAL INFORMATION**

Name: \_\_\_\_\_  
Last First Middle Initial Other Last Name Used

Address: \_\_\_\_\_  
Street City State Zip Code

Telephone: \_\_\_\_\_ Email Address: \_\_\_\_\_

If you are offered a position with our company, are you legally authorized to work in the United States for our company?  Yes  No

Do you now, or will you in the future, require employer visa sponsorship?  Yes  No

Indicate the position you desire: \_\_\_\_\_ Salary Expected: \$ \_\_\_\_\_ / yr.

Are you at least 18 yrs. old?  Yes  No

Have you ever filed an application at DMA?  Yes  No If yes, give date (MM/DD/YYYY) \_\_\_/\_\_\_/\_\_\_

Are any of your relatives current or previous associates of DMA?  Yes  No

If yes, indicate name: \_\_\_\_\_ Location/Position: \_\_\_\_\_

How did you hear about employment opportunities at DMA? \_\_\_\_\_  
(On line, employee referral, etc.)

Are you employed now?  Yes  No When will you be available for work? (MM/DD/YYYY) \_\_\_/\_\_\_/\_\_\_

Are you available to work full time?  Yes  No If no, explain: \_\_\_\_\_

Are you available to work any shift?  Yes  No If no, explain: \_\_\_\_\_

Are you on a lay-off and subject to recall?  Yes  No If yes, explain: \_\_\_\_\_

Are you available to travel if the job requires it?  Yes  No If no, explain: \_\_\_\_\_

Do you have a valid driver's license?  Yes  No If no, explain: \_\_\_\_\_

If yes, license #: \_\_\_\_\_ State: \_\_\_\_\_ Expires: \_\_\_\_\_

Have you ever been convicted of a felony?  Yes  No

Have you ever been convicted of a misdemeanor (other than a traffic violation)?  Yes  No

Please explain all convictions if yes is answered to either or both questions above. Note that an affirmative answer to either of these questions will not automatically disqualify you from employment.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Can you perform the essential job functions of the position(s) for which you are applying with or without accommodation?  Yes  No



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EMPLOYMENT HISTORY

Please list your last three employers, beginning with the most recent.

Company: \_\_\_\_\_ Supervisor Name: \_\_\_\_\_
Telephone #: \_\_\_\_\_
Address: \_\_\_\_\_
Street City State Zip Code
Dates of Employment: From (MM/DD/YYYY) \_\_\_/\_\_\_/\_\_\_ To (MM/DD/YYYY) \_\_\_/\_\_\_/\_\_\_
Position you held: \_\_\_\_\_ Salary: \$ \_\_\_\_\_/yr.
Reason for leaving: \_\_\_\_\_
May we contact this employer for a reference? [ ] Yes [ ] No
If no, please explain: \_\_\_\_\_

Company: \_\_\_\_\_ Supervisor Name: \_\_\_\_\_
Telephone #: \_\_\_\_\_
Address: \_\_\_\_\_
Street City State Zip Code
Dates of Employment: From (MM/DD/YYYY) \_\_\_/\_\_\_/\_\_\_ To (MM/DD/YYYY) \_\_\_/\_\_\_/\_\_\_
Position you held: \_\_\_\_\_ Salary: \$ \_\_\_\_\_/yr.
Reason for leaving: \_\_\_\_\_
May we contact this employer for a reference? [ ] Yes [ ] No
If no, please explain: \_\_\_\_\_

Company: \_\_\_\_\_ Supervisor Name: \_\_\_\_\_
Telephone #: \_\_\_\_\_
Address: \_\_\_\_\_
Street City State Zip Code
Dates of Employment: From (MM/DD/YYYY) \_\_\_/\_\_\_/\_\_\_ To (MM/DD/YYYY) \_\_\_/\_\_\_/\_\_\_
Position you held: \_\_\_\_\_ Salary: \$ \_\_\_\_\_/yr.
Reason for leaving: \_\_\_\_\_
May we contact this employer for a reference? [ ] Yes [ ] No
If no, please explain: \_\_\_\_\_

Have you ever been discharged from a previous employer? [ ] Yes [ ] No
If yes, please explain \_\_\_\_\_
Have you ever resigned upon threat of discharge? [ ] Yes [ ] No
If yes, please explain \_\_\_\_\_
Please note that the following questions will not be used in a discriminatory manner in the decision of your hire at DMA.
Are you now, or have you ever been subject to the terms and conditions of a non-compete agreement with a current or previous employer? [ ] Yes [ ] No If so, would you be willing to provide a copy of same to DMA? [ ] Yes [ ] No



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**EDUCATION HISTORY**

High School: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
Address: \_\_\_\_\_  
Street City State Zip Code  
Major Course of Study: \_\_\_\_\_  
Diploma/Degree/GED Awarded?  Yes  No

College/University: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
Address: \_\_\_\_\_  
Street City State Zip Code  
Major Course of Study: \_\_\_\_\_  
Diploma/Degree/GED Awarded?  Yes  No Name of degree (if applicable): \_\_\_\_\_

College/University: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
Address: \_\_\_\_\_  
Street City State Zip Code  
Major Course of Study: \_\_\_\_\_  
Diploma/Degree/GED Awarded?  Yes  No Name of degree (if applicable): \_\_\_\_\_

Other: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
Address: \_\_\_\_\_  
Street City State Zip Code  
Major Course of Study: \_\_\_\_\_  
Diploma/Degree/GED Awarded?  Yes  No Name of degree (if applicable): \_\_\_\_\_

**SPECIAL SKILLS & QUALIFICATIONS**

Summarize any special skills &/or qualifications acquired from previous employment or other experience:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List office equipment you can operate: \_\_\_\_\_  
List software skills: \_\_\_\_\_  
List hardware skills: \_\_\_\_\_

**U.S. MILITARY EXPERIENCE**

Do you have military experience?  Yes  No  
Branch: \_\_\_\_\_ Type of Duty: \_\_\_\_\_  
Date Entered (MM/DD/YYYY) \_\_\_/\_\_\_/\_\_\_ Date Left (MM/DD/YYYY) \_\_\_/\_\_\_/\_\_\_ Last Rank: \_\_\_\_\_  
Service schools or special training: \_\_\_\_\_

**PROFESSIONAL REFERENCES**

Name: \_\_\_\_\_ Company: \_\_\_\_\_  
Telephone (Day): \_\_\_\_\_ Telephone (Night): \_\_\_\_\_  
Address: \_\_\_\_\_  
Street City State Zip Code

Name: \_\_\_\_\_ Company: \_\_\_\_\_  
Telephone (Day): \_\_\_\_\_ Telephone (Night): \_\_\_\_\_  
Address: \_\_\_\_\_  
Street City State Zip Code



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**PRE-EMPLOYMENT DRUG SCREENING**

Diversified Manufacturing & Assembly, LLC ("DMA") will require all prospective associates to submit to a physical examination including drug testing. Any offer of employment will be conditioned upon the results of this test being negative or if positive, a medical explanation satisfactory to DMA's in its sole discretion.

**ACKNOWLEDGEMENT AND AUTHORIZATION**

I understand and acknowledge that if employed, my employment and compensation will be at the will of DMA, and I can be laid off or terminated with or without cause, with or without notice, at any time, at the option of DMA. I further understand and agree that no company manager, company representative, agent or associate of DMA, other than its President, or his designee, has now or has had in the past, authority to enter into any agreement for employment for any specified period of time or to make any agreement which is contrary to or a modification of the above described employment relationship, and that any such agreement or representation must be in writing and signed by myself and the President of DMA or his designee in order to be effective, and that no policy or practice of DMA will modify the above.

I certify that information given herein is true and complete to the best of my knowledge. I understand that DMA may investigate my work and personal history and verify all dates given on this application, on related papers, and in interviews. I authorize all individuals, schools, and employers named therein, except as specifically limited on this application, to provide information requested about me, and I release them from liability for damages in providing this information. I understand and acknowledge that any misrepresentation, omission, or incorrect statement of fact can result in immediate discharge.

**DMA provides equal employment opportunities (EEO) to all qualified applicants for employment without regards to race, color, religion, gender, sexual orientation, national origin, age, disability, genetic information, marital status,**

\_\_\_\_\_  
Printed Name

**XXX-XX-**  
\_\_\_\_\_  
Social Security #

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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