



# DME INCORPORATED

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1-888-4-DME INC

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## Employment Application

**Please Print:**

Date of Application: \_\_\_\_\_

Last Name	First Name	Middle	Social Security#
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Address	City	State	Zip Code
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Phone Number	Cell Phone	Message Number
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**Position Desired:** \_\_\_\_\_

Position Applying for: \_\_\_\_\_

Have you ever applied here before?

YES  NO

Do you have any friends working here? If so, state their names.

State Name & Relationship

What is the salary range that you would like if you are qualified? \$ \_\_\_\_\_

If hired, would you have a reliable means of transportation to and from work?

YES  NO

Are you at least 18 years old? (if under 18, hire is subject to verification that you are of minimum legal age.....)

YES  NO

If hired, can you present evidence of your U.S. citizenship or proof of your legal right to live and work in this country?.....

YES  NO

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Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodations?

YES  NO

If no, describe the functions that cannot be performed.

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(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible application/employees to perform essentials functions. Hire may be subject to passing a medical examination, and to skill and agility test.)

Have you ever been convicted of a criminal offense( felony or serious misdemeanor)?

(Convictions for marijuana-related offenses that are more than two years old need not be listed

YES  NO

If yes please state nature of the crime(s), when and where convicted and disposition of the case.

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(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature of the offense, date of the offense, the surrounding circumstances and the relevance of the offense to the position (s) applied for may, however, be considered.)

### Education, Training and Experiences:

Name & Address

Years Completed

Did You Graduate

**High School**

\_\_\_\_\_

Name

\_\_\_\_\_

Address

\_\_\_\_\_

City

\_\_\_\_\_

State

\_\_\_\_\_

Zip Code

\_\_\_\_\_

YES  NO

**College**

\_\_\_\_\_

Name

\_\_\_\_\_

Address

\_\_\_\_\_

City

\_\_\_\_\_

State

\_\_\_\_\_

Zip Code

\_\_\_\_\_

YES  NO

**Vocational**

\_\_\_\_\_

Name

\_\_\_\_\_

Address

\_\_\_\_\_

City

\_\_\_\_\_

State

\_\_\_\_\_

Zip Code

\_\_\_\_\_

YES  NO

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## Employment History

List below all present and past employment starting with your most recent employer (last five years in Sufficient). Account for all periods of unemployment. You must complete this section even if attaching a resume.

Name of Company		Date Employed		
Type of Business		What was your position?		
Address & Street		Reason for leaving?		
City	State	Zip Code	Supervisors Name	Phone Number
May we contact ?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	

Name of Company		Date Employed		
Type of Business		What was your position?		
Address & Street		Reason for leaving?		
City	State	Zip Code	Supervisors Name	Phone Number
May we contact ?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	

Name of Company		Date Employed		
Type of Business		What was your position?		
Address & Street		Reason for leaving?		
City	State	Zip Code	Supervisors Name	Phone Number
May we contact ?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	

Name of Company		Date Employed		
Type of Business		What was your position?		
Address & Street		Reason for leaving?		
City	State	Zip Code	Supervisors Name	Phone Number
May we contact ?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	

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Note: Attach additional information:

## Reference:

List Below three persons not related to you who have knowledge of your work performance within the last three years.

First Name: Last Name

Telephone Number

Address

City State Zip Code

Occupation

Number of years acquainted

First Name: Last Name

Telephone Number

Address

City State Zip Code

Occupation

Number of years acquainted

First Name: Last Name

Telephone Number

Address

City State Zip Code

Occupation

Number of years acquainted

First Name: Last Name

Telephone Number

Address

City State Zip Code

Occupation

Number of years acquainted

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**Please read very carefully, initial each paragraph and sign below :**

\_\_\_\_\_ I hereby certify that I have not knowingly withheld any information that might adversely affect my chances  
Initial for employment and 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 complete this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be ground for rejection of this application or for immediate discharge if I am employed, regardless of the elapsed before discovery.

\_\_\_\_\_ I hereby authorize the company to thoroughly investigate my references, work record, education and other  
Initial matters related to my suitability for employment and, further, authorize the references I have listed to disclose to the company any and all letters, report 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 investigations or disclosure.

\_\_\_\_\_ I understand that nothing contained in the application, or conveyed during any interview which may be granted  
Initial or during my employment, if hired is intended to create an employment contract between me and the company. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the company, and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and the company's designated representative.

\_\_\_\_\_ Date

\_\_\_\_\_ Applicant's Signature

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