



# APPLICATION FOR EMPLOYMENT

**DALEY TOWER SERVICE, INC.**

Daley Tower Service, Inc. considers applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

Position(s) Applied For:		Date of Application:	
How did you learn about us?			
<input type="radio"/> Advertisement	<input type="radio"/> Friend	<input type="radio"/> Inquiry	
<input type="radio"/> Employment Agency	<input type="radio"/> Relative	<input type="radio"/> Other _____	
First Name	Last Name	Middle Name	
Address: Number	Street	City	State Zip Code
Telephone #: Home		Cell	
Best time to contact you at Home	:	AM	: PM
Have you ever filed an application with us before? <i>If yes, give date</i>			
	<input type="checkbox"/> Yes	Date:	<input type="checkbox"/> No
Have you ever been employed with us before? <i>If yes, give date</i>			
	<input type="checkbox"/> Yes	Date:	<input type="checkbox"/> No
Do any of your friends or relatives, other than spouse, work here? <i>If yes – state name, relationship and location</i>			
	<input type="checkbox"/> Yes		<input type="checkbox"/> No
Are you currently employed?			
	<input type="checkbox"/> Yes		<input type="checkbox"/> No
May we contact your present employer?			
	<input type="checkbox"/> Yes		<input type="checkbox"/> No
Are you prevented from lawfully becoming employed in this Country because of Visa or Immigration Status? <i>Proof of citizenship or immigration status will be required upon employment.</i>			
	<input type="checkbox"/> Yes		<input type="checkbox"/> No
Date available for work: ____/____/____		What is your desired salary range?	
Are you currently on "lay-off" status and subject to recall?			
	<input type="checkbox"/> Yes		<input type="checkbox"/> No
Are you able to travel if the job requires?			
	<input type="checkbox"/> Yes		<input type="checkbox"/> No
<b>WE ARE AN EQUAL OPPORTUNITY EMPLOYER</b>			

APPLICANT NAME: \_\_\_\_\_ DATE \_\_\_\_\_

## EDUCATION

SCHOOL	NAME and ADDRESS	COURSE OF STUDY	YEAR COMPLETED	DIPLOMA/ DEGREE
HIGH SCHOOL				
GRADUATE/ PROFESSIONAL				
OTHER				

## WORK EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer:	Date Employed		Work Performed:	
	Start:	End:		
Address:				
Telephone Numbers(s):				
Starting Job Title:		Hourly Rate/Salary		
Present Job Title:		Start	Final	
Supervisor Name:		May we Contact?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Reason for Leaving:				

Employer:	Date Employed		Work Performed:	
	Start:	End:		
Address:				
Telephone Numbers(s):				
Starting Job Title:		Hourly Rate/Salary		
Present Job Title:		Start	Final	
Supervisor Name:		May we Contact?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Reason for Leaving:				

Employer:	Date Employed		Work Performed:	
	Start:	End:		
Address:				
Telephone Numbers(s):				
Starting Job Title:		Hourly Rate/Salary		
Present Job Title:		Start	Final	
Supervisor Name:		May we Contact?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Reason for Leaving:				

Comments: Include explanation of any gaps in employment:

---

---

---

APPLICANT NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

Describe any specialized training, apprenticeship, skills and extra-curricular activities.


Describe any job-related training received in the United States military.


Specialized Skills (Skills/Equipment Operated etc.)

<input type="checkbox"/> Terminal	<input type="checkbox"/> Spreadsheet	Production/Mobile Machinery (List)	Other (List)
<input type="checkbox"/> PC/MAC	<input type="checkbox"/> Word Processing		
<input type="checkbox"/> Typewriter	<input type="checkbox"/> Shorthand		
WPM:	WPM:		

State any additional information you feel may be helpful to us in considering your application:


**Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.**

**Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of the activities involved in such a job or occupation has been given. \_\_\_\_\_ Yes \_\_\_\_\_ No**

**PERSONAL/PROFESSIONAL REFERENCES** Do not include family members or past supervisors.

NAME	PHONE NUMBER(S)	BEST TIME TO CALL	OCCUPATION
1.			
2.			
3.			

APPLICANT NAME: \_\_\_\_\_ DATE \_\_\_\_\_

## APPLICANT'S STATEMENT

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, 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 anytime with lawful reason. It is further understood that this "*at will*" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or Interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date