



Application for Employment
Danlee Medical Products, Inc.
An Equal Opportunity Employer

Date: _____

Name: _____
Last First Middle Social Security Number

Address: _____
Street Number City State Zip Length of Residence

Home Phone # _____ Business Phone # _____ Date avail. for work _____

Are you at least 18 years of age? (If not, please state your age) _____ Presently Employed? _____

Are you eligible to work in the U.S.? _____ Do you possess a valid drivers license? _____

Position you are applying for _____ Salary requirements _____

Are you available to work Full-time Part-time Shift Work Temporary

Skills and Qualifications

Certifications/Licenses applicable to the position applying for _____

List any career objectives you may have _____

Have you ever been convicted of a felony? _____ If so, when, where, and disposition of offense? _____

(Record of conviction does not necessarily disqualify an applicant from employment considerations.)

EDUCATION			
School Name/Address/Telephone	Number of Yrs. Completed	Area of Study	Did you Graduate?

EMPLOYMENT HISTORY

Begin with last position first. At least 7 years of work history must be provided. (Attach additional paper if necessary.)

Company Name/Address/Telephone	Supervisor	Dates Month/Year	Position Held	Rate of Pay	Reason for Leaving
		To: From:			
		To: From:			
		To: From:			
		To: From:			

May we contact your present employer? _____

REFERENCES

Give name, address, and telephone number of three references who are not related to you and are not previous employers.

1. _____
2. _____
3. _____

I understand and agree that: Any material misrepresentation or deliberate omission of a fact in my application may result in refusal of, or if employed, immediate termination from employment. Although management makes every effort to accommodate individual preference, business needs may at times make the following conditions mandatory: overtime, shift work, rotating work schedule, or work schedule other than Monday through Friday. I understand and accept these conditions of my continuing employment. It is my understanding that Danlee Medical Products, Inc. will make a thorough investigation of my entire work history and may verify all data given in my application for employment, related papers, or oral interviews. I authorize such investigation and the giving and receiving of any information requested by Danlee and I release from liability any person giving or receiving such information. I agree that my employment is at will and may be terminated by Danlee or myself at any time with or without notice or cause and without liability for wages or salary except such as may have been earned at the date of such termination. I further understand that this is an application for employment and that no employment contract is being offered, nor will any result from employment with Danlee. I understand that if I am employed, such employment is for no definite period of time and that Danlee can change wages, benefits, and conditions at any time

Signature _____ Date _____

REFERENCE CHECK

Reference	Comments	Checked by