



DESIGNERS' DELIVERY
Fine Furniture Handling & Art Installation Specialists

EMPLOYMENT APPLICATION

Last Name: _____ First Name: _____ Middle Name: _____

Address: _____

Phone: _____ Mobile: _____ E-mail: _____

Driver's License No. _____ Social Security _____ D.O.B. _____

Are you legally authorized to work in the U.S. _____ Can you document it? _____

Are you currently employed? _____ What position are you applying for? _____ Have you worked here before? _____

How have you heard about us? _____ If newspaper, which one? _____ Friend? _____ Relative? _____

Do you know anybody in this type of business? _____

What do you consider good moral character?

What do you consider good work ethic?

Do you consider yourself having any of the above, if so, please give us two examples of your two most outstanding accomplishments in the last two years.

Do you have any physical condition, which would limit your ability to perform on the position you are applying for?

Have you ever been injured on a job?

Are you willing to take a physical and a drug screen? _____

Are you physically capable for heavy manual labor including lifting up to 150 pounds? _____

Are you able to climb a 24 ft. ladder? _____ Are you able to sit or stand for 8 hours? _____

Are you mentally capable to work under pressure and close supervision? _____

Do you smoke? _____ Do you have any visible body art? _____

Do you have a drinking habit? _____ Occasionally? _____ Weekends? _____

What do you like most? _____ Pro football? _____ Pro basketball? _____ Pro hockey _____ Pro baseball?

Do you play video games? _____ Which is your favorite game? _____

Do you have a reliable transportation to and from work? _____

What kind of books do you read? _____

Are you willing to get a Class B commercial driving license should your work require it? _____

Have you been convicted of any felony or misdemeanor in the past five years? _____ Answering yes does not necessarily bar you from employment.

Please explain: _____

Are you familiar with the entire DFW area? _____

Do you know how to use a MAPSCO? _____ What MAPSCO grid do you live in? _____

What skill(s) do you have to offer the company?

What is a commode? _____

What is an armoire? _____

What is 'demilune'? _____

What did you like the most in your past job(s)?

What did you dislike the most in your past jobs?

What is the hardest work you have ever done?

What is the most stressful situation you have been in?

Do you currently have any other part time jobs? _____

What is your schedule for the other job? _____

Are you willing to work overtime if necessary? _____

Are you willing to work on weekends (Saturday)? _____

Are you willing to go with a crew on an out of town project, for more than one day? _____

Comments:

Please list all the addresses where you lived within the past ten years.

| Dates: | Address: |
|--------|----------|
| | |
| | |
| | |

Please list all the employers that you worked for the past five years.

| Dates: | Name, Address and phone number of the Employer | Salary | Position | Reason for Leaving |
|--------|--|--------|----------|--------------------|
| | | | | |
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Please list three work references and/or immediate supervisors in your past jobs.

| Name: | Address and Phone Number | Business | Years Known |
|-------|--------------------------|----------|-------------|
| | | | |
| | | | |
| | | | |

Education:

| | Name and Location | Years | Graduated? | Studied |
|-------------|-------------------|-------|------------|---------|
| High School | | | | |
| College | | | | |

Please list all traffic related accidents you have had in the last three years.

| Date | Nature of Accident | Injuries or Fatalities? |
|------|--------------------|-------------------------|
| | | |
| | | |
| | | |

List all traffic convictions for the past three years.

| Date | Location | Charges | Penalty |
|------|----------|---------|---------|
| | | | |
| | | | |
| | | | |

Have you ever been denied a license, permit or privilege to operate a motor vehicle?

Has any license or privilege been revoked from you? _____

Do you have any limitations that would prevent you from driving a commercial vehicle? _____

This certifies that I have completed the above application, and that all responses to the entries are true to the best of my knowledge.

| |
|-----------------------|
| <p>Please initial</p> |
|-----------------------|

I hereby authorize **DESIGNERS' DELIVERY** to make such investigations and inquiries of my personal, employment, driving history and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools or persons from all liabilities in responding to inquiries in connection with this application.

In the event of employment, I understand that false or misleading information given in my application or interview may result in discharge. I also understand that I am required to abide by all rules and regulations of **DESIGNERS' DELIVERY** as permitted by law.

If you do not feel comfortable answering any of the above questions, please leave them blank.

Signature _____ Printed _____

Date: _____