



P.O. BOX 479 • 301 DIX ROAD  
 JEFFERSON CITY, MO 65102-0479 • 573-635-6121  
 FAX 573-635-9101

## APPLICATION FOR EMPLOYMENT

DeLong's, Inc. is an Equal Opportunity Employer. Federal and state law prohibits discrimination in employment because of race, color, sex, national origin, religion, age, disability, handicap, marital status, sexual orientation, gender identity or expression, ancestry or status as disabled veteran or veteran of the Vietnam Era or any other factor that the law protects from employment discrimination. No question on this application is asked for the purpose of limiting or excluding any applicant from consideration of employment on any unlawful basis. The last page of this application is a Certification Statement. For your application to be complete, you must read and sign the Statement where indicated.

### GENERAL INFORMATION

(Please Print)

Date of Application: \_\_\_\_\_ Location: \_\_\_ Jefferson City \_\_\_ Sedalia \_\_\_ Either

Name in Full: \_\_\_\_\_  
 Last First Middle

Telephone Number: (Home/Cell) \_\_\_\_\_ (Message) \_\_\_\_\_

Present Address: \_\_\_\_\_ How Long? \_\_\_\_\_  
 Street City State/zip

Previous Address: \_\_\_\_\_ How Long? \_\_\_\_\_  
 Street City State/zip

How did you learn about our company? \_\_\_\_\_

List any friends or relatives that work for DeLong's, Inc.: \_\_\_\_\_

Are you under 18 years of age? \_\_\_ Yes \_\_\_ No Date available for work? \_\_\_\_\_

### TYPE OF EMPLOYMENT DESIRED

Position Applying For: \_\_\_\_\_ Desired wages: \$ \_\_\_\_\_ / Hour or Year

Type of job: \_\_\_ Full-Time \_\_\_ Part-Time \_\_\_ Summer \_\_\_ Temporary

Applying for: \_\_\_ 1st Shift (5 day wk. 8a - 4:30p M-F) \_\_\_ 2nd Shift (4:15p - 2:45a M-Thurs.)

Are you willing to accept employment on either shift? \_\_\_ Yes \_\_\_ No

Are you presently employed? \_\_\_ Yes \_\_\_ No If Yes, \_\_\_ Full-time \_\_\_ Part-time \_\_\_ Temporary

Have you applied within the last 12 months? \_\_\_ Yes \_\_\_ No If Yes, date applied \_\_\_\_\_

## EDUCATION

<b>Name of School and Location:</b>	Circle Last Year Completed	Did you Graduate, Degree(s) Earned?
High School: _____	9 10 11 12	___ Yes ___ No
College: _____	1 2 3 4	___ Yes ___ No
Other: _____	1 2 3 4	___ Yes ___ No

## TRAINING/EXPERIENCE/OTHER QUALIFICATIONS

List your training, skills, experience, or other qualifications for the job you are applying for: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## MILITARY

Have you ever served in the U.S. Armed Forces? \_\_\_ Yes \_\_\_ No - Dates of Duty from \_\_\_\_\_ to \_\_\_\_\_

What Branch of service? \_\_\_\_\_ Starting Rank? \_\_\_\_\_

Final Rank? \_\_\_\_\_

List Duties and special training received in the service: \_\_\_\_\_

\_\_\_\_\_

## ADDITIONAL INFORMATION

Have you been convicted of a crime in the last seven years? \_\_\_ Yes \_\_\_ No If yes, explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**"A conviction is not an automatic bar to employment. All circumstances will be considered."**

Are you authorized to work in the U.S.? \_\_\_ Yes \_\_\_ No (Documentation proving legal right to work in the United States will be required upon hiring.)

Have you ever been known by any other name(s) the company may require to verify information regarding your application? \_\_\_ Yes \_\_\_ No

If yes, identify name: \_\_\_\_\_

Have you ever been employed by this Company? Yes \_\_\_ No \_\_\_, If Yes, when: \_\_\_\_\_ to \_\_\_\_\_

## EMPLOYMENT RECORD

List your present or most recent employer first:

Company Name: \_\_\_\_\_ Telephone Number: ( ) \_\_\_\_\_

Address: \_\_\_\_\_ Employed from \_\_\_\_\_ to \_\_\_\_\_

Type of Business: \_\_\_\_\_

Hourly Wage \$ \_\_\_\_\_ \$ \_\_\_\_\_ Job Title: \_\_\_\_\_  
Beginning Ending

Describe your Duties: \_\_\_\_\_

Reason for leaving (If quit, say why. If terminated, what reason(s) were given to you?): \_\_\_\_\_

\_\_\_\_\_

Company Name: \_\_\_\_\_ Telephone Number: ( ) \_\_\_\_\_

Address: \_\_\_\_\_ Employed from \_\_\_\_\_ to \_\_\_\_\_

Type of Business: \_\_\_\_\_

Hourly Wage \$ \_\_\_\_\_ \$ \_\_\_\_\_ Job Title: \_\_\_\_\_  
Beginning Ending

Describe your Duties: \_\_\_\_\_

Reason for leaving (If quit, say why. If terminated, what reason(s) were given to you?): \_\_\_\_\_

\_\_\_\_\_

Company Name: \_\_\_\_\_ Telephone Number: ( ) \_\_\_\_\_

Address: \_\_\_\_\_ Employed from \_\_\_\_\_ to \_\_\_\_\_

Type of Business: \_\_\_\_\_

Hourly Wage \$ \_\_\_\_\_ \$ \_\_\_\_\_ Job Title: \_\_\_\_\_  
Beginning Ending

Describe your Duties: \_\_\_\_\_

Reason for leaving (If quit, say why. If terminated, what reason(s) were given to you?): \_\_\_\_\_

\_\_\_\_\_

Company Name: \_\_\_\_\_ Telephone Number: (    ) \_\_\_\_\_

Address: \_\_\_\_\_ Employed from \_\_\_\_\_ to \_\_\_\_\_

Type of Business: \_\_\_\_\_

Hourly Wage \$ \_\_\_\_\_ \$ \_\_\_\_\_ Job Title: \_\_\_\_\_  
                  Beginning           Ending

Describe you Duties: \_\_\_\_\_

Reason for leaving (If quit, say why. If terminated, what reason(s) were given to you?): \_\_\_\_\_

Company Name: \_\_\_\_\_ Telephone Number: (    ) \_\_\_\_\_

Address: \_\_\_\_\_ Employed from \_\_\_\_\_ to \_\_\_\_\_

Type of Business: \_\_\_\_\_

Hourly Wage \$ \_\_\_\_\_ \$ \_\_\_\_\_ Job Title: \_\_\_\_\_  
                  Beginning           Ending

Describe you Duties: \_\_\_\_\_

Reason for leaving (If quit, say why. If terminated, what reason(s) were given to you?): \_\_\_\_\_

Company Name: \_\_\_\_\_ Telephone Number: (    ) \_\_\_\_\_

Address: \_\_\_\_\_ Employed from \_\_\_\_\_ to \_\_\_\_\_

Type of Business: \_\_\_\_\_

Hourly Wage \$ \_\_\_\_\_ \$ \_\_\_\_\_ Job Title: \_\_\_\_\_  
                  Beginning           Ending

Describe you Duties: \_\_\_\_\_

Reason for leaving (If quit, say why. If terminated, what reason(s) were given to you?): \_\_\_\_\_

**May we contact the employers listed above?**     Yes     No    If not, indicate which ones: \_\_\_\_\_

## UNEMPLOYED PERIODS

Please identify and explain all periods of unemployment during the last seven years.

From:        To:        Reason:

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Have you ever been fired or asked to resign from a job because of a violation of an employer's policy or procedure?     Yes     No    If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## REFERENCES

Please give the names of at least two references (not relatives) familiar with you and your job skills.

1.    Name: \_\_\_\_\_

      Address: \_\_\_\_\_

      Phone: (    ) \_\_\_\_\_

2.    Name: \_\_\_\_\_

      Address: \_\_\_\_\_

      Phone: (    ) \_\_\_\_\_

3.    Name: \_\_\_\_\_

      Address: \_\_\_\_\_

      Phone: (    ) \_\_\_\_\_

4.    Name: \_\_\_\_\_

      Address: \_\_\_\_\_

      Phone: (    ) \_\_\_\_\_

## **APPLICATION'S CERTIFICATION STATEMENT**

**Read the following carefully and sign below**

1. I certify that the information contained in this application or made in conjunction with it, is true and correct, and any misrepresentation or omission of any detail will be grounds for disqualification from employment or dismissal, should I be employed, whenever the correct information becomes known to the Company.
2. I understand that this application for employment does not constitute an offer of employment or a contract of employment. I understand that nothing in the oral statements or written statements during the application, interview, or if hired, during the orientation period or subsequent employment creates any contract of employment and I have not relied and will not rely to my detriment on any statement that suggests employment is for a definite period. Statements expressed throughout the pre-employment and employment periods make no promise of employment for a definite period. Employment with the Company is not by contract express or implied. Furthermore, I understand that I or the company, if either chooses, at its will, regardless of the term of my wages or salary, may end the employment relationship at any time.
3. I agree that, if employed, I will report to management any conduct which I believe constitutes unlawful harassment (sexual, racial, etc.). I understand that there are no reprisals whatsoever for the good faith reporting of such conduct to management.
4. I understand that the Company may perform a background check and that in some instances the background check may not be completed until after I am hired. I understand that if a background check is completed after I am hired, and the results of that background check would have resulted in my disqualification from employment, I may be dismissed from employment after such information becomes known to the Company.
5. I understand that if employed all of the Company's policies and procedures (in whole or in part), do not constitute a contract of employment. I understand that if hired, the Company policies and procedures are subject to modification by the Company with or without notice.
6. Furthermore, I understand that no representative of the Company can change or alter the terms, conditions, waiting periods of any employee benefit plan (insurance, etc.). Plan documents always prevail.
7. I understand that no person, other than the President of the Company, is authorized to change, in any way, any terms mentioned in this Certification Statement, and then only if in writing signed by the President.

By signing below, I certify that I have read and understand the above and submit my application under these conditions.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**"Equal Opportunity Employer"**