DAL-KOR CORP. APPLICATION FOR EMPLOYMENT

Pre-employment Questionnaire An Equal Opportunity Employer All Questions Are Voluntary Information

| PERSONAL INFORMATION: | | Today's Date | |
|------------------------------------|-------------|----------------------------|--|
| Name | | Social Security Number | |
| Address | | City, State, Zip | |
| Phone Number | | Date of Birth | |
| Driver's License No | | License Class/Endorsements | |
| Email | | Read BlueprintsYESNO | |
| Employed now YESN | 1O | Spouse | |
| Disabilities YES NO | Explain _ | | |
| Are you 18 years or older? Yes | No | _ Date you can start | |
| Salary Desired per | hour | mile | |
| Who referred you to DAL-KOR CORP.? | | | |
| EDUCATION: | | | |
| High School Name and Location | | | |
| Did you graduate? YesNo | Subjects st | udied | |
| College Name and Location | | | |
| Did you graduate? YesNo | Subjects st | udied | |
| Trade School Name and Location | | | |
| Did you graduate? YesNo | Subjects st | udied | |
| Special Training and Skills | | | |
| Type of Equipment Used | | | |
| Military Service? Yes No | | | |
| Discharge Date | | | |

PREVIOUS EMPLOYMENT (please explain all gaps in employment):

Please list last three employers, starting with the most recent one first.

| 1. Name | Phone Number | |
|--|---------------------|----|
| Address | Leaving Date | |
| Start Date | | |
| Job Title | | |
| Name of Supervisor / Title | | |
| Description of work | | |
| Reason for leaving or wanting to leave | | |
| 2. Name | Phone Number | |
| Address | City, State, Zip | |
| Start Date | Leaving Date | |
| Job Title | May we contact? Yes | No |
| Name of Supervisor / Title | | |
| Description of work | | |
| Reason for leaving | | |
| 3. Name | Phone Number | |
| Address | City, State, Zip | |
| Start Date | Leaving Date | |
| Job Title | May we contact? Yes | No |
| Name of Supervisor / Title | | |
| Description of work | | |
| Reason for leaving | | |

| REFERENCES: | |
|---|--|
| Name of three persons you are not related | ted to and whom you have known at lease one year. |
| 1. Name | Phone Number |
| Address | City, State, Zip |
| Business | Years known |
| 2. Name | Phone Number |
| Address | City, State, Zip |
| Business | Years known |
| 3. Name | Phone Number |
| Address | City, State, Zip |
| Business | Years known |
| | |
| AUTHORIZATION: | |
| | s application are true and complete to the best of my knowledge and statements on this application shall be grounds for dismissal. |
| you and any and all information concer | nts contained herein and the references and employers listed above to give rning my previous employment and any pertinent information they may have ompanies from all liability for any damage that may result from utilization of |
| | resentative of the company has any authority to enter into any agreement for f time, or to make any agreement contrary to the foregoing, unless it is in impany representative." |

Date _____