

APPLICATION FOR EMPLOYMENT

AN EQUAL OPPORTUNITY EMPLOYER

INTRODUCTION

Dalton Logistics Inc. (DLI) is an equal opportunity employer. Everyone is considered for employment, advancement, development and earnings based only upon their skills, performance and potential. No current or prospective employee is discriminated against because of race, creed, color, sex, age, origin, handicap, veteran status, disability or any other protected status unless such basis is a bona fide occupational qualification.

In order that your application may be properly evaluated, it is essential that all of the following questions be answered as carefully, honestly, and completely as possible.

If you need more space for your answers, please attach a separate sheet. You are encouraged to add any additional information which will help us in considering you for positions for which you may be qualified.

PERSONAL DATA

Name: _____ Social Security #: _____
(LAST) (FIRST) (M.I.)

Address: _____ Business Telephone: _____
 City: _____ St. _____ Zip: _____ Home Telephone: _____

If hired, can you provide proof that you are eligible to work in the U.S.? _____ Are you willing to travel? _____ Relocate? _____

List any relatives working for DLI and their relationship to you: _____

Have you ever been employed at DLI? _____ If so, when and where? _____

Will you be able to perform the essential functions of this job for which you are applying with or without reasonable accommodation? _____

If reasonable accommodation is required, please provide any suggestion(s) regarding possible accommodations (optional): _____

DLI will comply with its obligation to provide reasonable accommodation to qualified individuals with disabilities.

SOURCE

How did you learn of DLI?

- Employment Agency – Name: _____
 Employee Referral- Name: _____
 Online Advertisement
 Direct- Walk-In
 Advertisement in a Periodical
 Other: _____

POSITION

Type of employment desired? _____ Full-Time _____ Part-Time _____ Temporary

(Check all that you are willing to consider.)

Position You Are Applying For:

1st Choice: _____ 2nd Choice: _____

MILITARY SERVICE

Branch: _____ Highest Rank: _____ Date Entered: _____ Date Discharged: _____

Service School or Special Experience: _____

SKILLS/EXPERIENCES

(Please Check All That Apply To You)

Office:

- >>Microsoft Office
- > Word
- > Excel
- > PowerPoint
- Data Entry
- IT
- Dispatch Planning
- Customer Service
- Other: _____

Warehouse:

- Forklift
- Shipping/Receiving
- Inspection
- Barcode Scanning
- Inventory Management
- Product Assembly
- Other: _____

Driver:

- Class CDL: _____
- Endorsements: _____
- Over the Road
 - Local Pickup and Delivery
 - High Value Products Handling
 - Household Products Handling
 - Product Assembly
 - Other: _____

EDUCATION

Please list all schools attended including secretarial, correspondence or other certificate granting schools.

	Name	Location	Major Course of Study	Degree or Certificate	G.P.A
High School					
College					
College					
Graduate					
Other					

EMPLOYMENT HISTORY

PLEASE COMPLETE WHETHER YOU ARE SUBMITTING RESUME OR NOT.

Please list all of your previous employers starting with your present employer. Your present employer will not be contacted until your permission has been given. Exclude periods when you were in military service or in school full-time. Attach additional pages if necessary.

Firm Name: _____ Dates: From: _____ To: _____

Address: _____ Telephone: _____

Last Position Held: _____ Total Earnings: Beginning: _____ Ending: _____

Supervisor's Name & Title: _____ Phone Number: _____

Reason For Leaving: _____ May We Contact? _____

Firm Name: _____ Dates: From: _____ To: _____

Address: _____ Telephone: _____

Last Position Held: _____ Total Earnings: Beginning: _____ Ending: _____

Supervisor's Name & Title: _____ Phone Number: _____

Reason For Leaving: _____ May We Contact? _____

Firm Name: _____ Dates: From: _____ To: _____

Address: _____ Telephone: _____

Last Position Held: _____ Total Earnings: Beginning: _____ Ending: _____

Supervisor's Name & Title: _____ Phone Number: _____

Reason For Leaving: _____ May We Contact? _____

AGREEMENT (PLEASE READ CAREFULLY)

I hereby affirm that all statements made herein are true and correct. I authorize DLI to conduct whatever investigation it deems necessary to confirm statements submitted on this application. I understand that false, misleading or omitted information in my application will be grounds for refusal to hire or termination.

I also authorize DLI to obtain and also authorize and request each former employer and person, firm or corporation, to answer any and all questions that may be asked and to give any and all information that may be sought in connection with this application or concerning me or my work, habits, character or skill or any actions in any transaction.

I understand that this application is not, and is not intended to be, a contract of employment and that any resulting employment relationship is for no fixed period of time and is terminable at any time and for any reason by me or by DLI. I further understand that statements which may be contained in policies, handbooks or other DLI material do not create guarantee of employment and that DLI has the right to modify, amend or terminate policies, practices, benefit plans or other DLI programs within the limits and requirements imposed by law.

The Immigration Reform and Control Act of 1986 requires that DLI verifies the employment eligibility of all new hires. If you are hired, DLI requires that you bring to orientation or provide your hiring manager with proof of employment eligibility and identity. I understand that any offer of employment to me by DLI would be contingent upon my ability to produce the required documentation within the time period required by law.

I hereby authorize any doctor or hospital to furnish any medical information with reference to me as may be necessary for the consideration of this application. I understand that this consent to release medical records is revocable by me at any time.

I hereby release all parties, including but not limited to DLI, personal references and previous employers, from any and all liability for any injury or damage that may result from their furnishing information to DLI concerning me or any action DLI takes on the basis of such information.

SMOKING IS NOT PERMITTED IN DLI FACILITIES.

Date: _____ X _____

Signature