

Employment Application

- ✓ Please complete this application by typing or printing in ink. INCOMPLETE or UNSIGNED applications will not be considered.
- ✓ Darnell-Group, LLC. is an equal opportunity employer. All employees and applicants for employment shall be afforded equal opportunity in all aspects of employment without regard to race, color, religion, political affiliation, national origin, disability, marital status, gender or age.
- ✓ Darnell-Group, LLC. only employs US citizens or aliens who can provide proof of identity and work authorization.

Position Applied for? _____ Date of Application _____

PERSONAL DATA

Last Name _____ First Name _____ Middle Initial _____

Present Address _____ City _____ State _____ Zip _____

Phone () - Message Phone () - E-Mail Address _____

Driver's License: Operator CDL CDL Type _____ Endorsements _____

Social Security No. _____

(Note: Providing social security number is optional. Failure to submit social security number on this form will not prohibit employment consideration. However, social security number will be required prior to employment.)

For purposes of compliance with The Immigration Reform and Control Act, are you legally eligible for employment in the United States? Yes No.

Under the Immigration Reform and Control Act of 1986, you will be required to fill out a certification verifying that you are eligible to be employed and verifying your identity. Further, you will be required to provide documentation to that effect should you be employed.

Have you ever been convicted* for any violation(s) of law, including moving traffic violations? Yes No
If Yes, please provide the following:

Description of offense _____

Statute or ordinance (if known) _____ Date of Charge _____ Date of Conviction _____

County, City, State of conviction _____

(Note: For additional convictions use plain paper. Include all information listed above.)

* Convictions include juvenile adjudications for Capital Murder, First and Second Degree Murder, Lynching, or Aggravated Malicious Wounding, if you were age fourteen (14) to eighteen (18) when charged.

Do you have any physical condition or disability which may limit your ability to perform the essential functions of this job with or without reasonable accommodation? Yes No

If Yes, give details _____

Check which job status you will accept: Full-time Part-time

Are you willing to accept employment which requires you to travel? Yes No

EDUCATION

High School Diploma or GED? Yes No Post Secondary Degree? _____

Name of school beyond High School _____

Training Length _____ Date Completed _____

Major _____ Minor _____

Apprenticeship Level _____ In which trade? _____

WORK EXPERIENCE (List most recent work experience first)

Company Name _____ Immediate Supervisor _____
Complete Address _____
Street / P.O. Box *City* *State* *Zip Code*
Job Title _____ Phone () - _____
Job Description (duties, skills, equipment used)

Dates: From (mm/yy) ____ / ____ To (mm/yy) ____ / ____ Reason for leaving _____

WORK EXPERIENCE

Company Name _____ Immediate Supervisor _____
Complete Address _____
Street / P.O. Box *City* *State* *Zip Code*
Job Title _____ Phone () - _____
Job Description (duties, skills, equipment used)

Dates: From (mm/yy) ____ / ____ To (mm/yy) ____ / ____ Reason for leaving _____

ADDITIONAL INFORMATION THAT COULD HELP YOU QUALIFY FOR THIS POSITION

Examples include; classes (include dates), certificates, current licenses, specific equipment and specialized skills.

LIST PROFESSIONAL REFERENCES (Three persons not related to you who know your qualifications)

Name	Address	Phone Number
		() -
		() -
		() -

APPLICANT ACKNOWLEDGEMENT AND AUTHORIZATION
PLEASE READ CAREFULLY BEFORE SIGNING

I hereby certify that all of the information provided by me in this application (or any other accompanying or required documents) is correct, accurate and complete to the best of my knowledge. I understand that the falsification, misrepresentation or omission of any facts in said documents will be cause for denial of employment or immediate termination of employment regardless of the timing or circumstances of discovery.

I understand that submission of an application does not guarantee employment. I further understand that, should an offer of employment be extended by Darnell-Group, LLC. (hereinafter referred to as "D-G") that such employment with D-G is at will, for no specified duration and may be terminated by either D-G or myself at any time, with or without cause or notice. I understand that none of the documents, policies, procedures, actions, statements of D-G or its representatives used during the employment process is deemed a contract of employment real or implied. I understand that no representative of D-G except the CEO or President has the authority to enter into any agreement guaranteeing any conditions of employment or any agreement contrary to the foregoing statements and that any such agreements must be made in writing and signed by the CEO or President of D-G.

In consideration for employment with D-G, if employed, I agree to conform to the rules, regulations, policies and procedures of D-G at all times and understand that such obedience is a condition of employment. I understand that due to the nature of D-G business, attendance and punctuality are considered essential requirements of every job at D-G and that poor attendance or tardiness will result in disciplinary action.

I authorize D-G to investigate my financial and credit record through any consumer reporting agency or bureau of its choice, and further to make an investigation of my personal history including, if any, a record of law enforcement activity, my character and general reputation. I understand that the company, upon my written request, will disclose the nature and scope of any credit investigation. If this application is denied either wholly or partly because of information contained in a consumer report from a consumer reporting agency, I understand that the company shall advise me and provide me with the name and address of the consumer agency making the report.

I understand that if offered a position with D-G, I may be required to submit to a pre-employment medical examination, drug screening and background check as a condition of employment. I understand that unsatisfactory results from, refusal to cooperate with, or any attempt to affect the results of these pre-employments tests and checks will result in withdrawal of any employment offer or termination of employment if already employed. I hereby authorize any and all schools, former employers, references, courts and any others who have information about me to provide such information to D-G and/or any of its representatives, agents or vendors and I release all parties involved from any and all liability for any and all damage that may result from providing such information.

I understand that this application is considered current for three months. If I wish to be considered for employment after this period I must fill out and submit a new application.

BY SIGNING BELOW I ACKNOWLEDGE THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ABOVE STATEMENTS

Signature: _____

Date: _____