



## APPLICATION FOR EMPLOYMENT

Daley Tower Service, Inc. considers applications for all positions without regard to race, color, religion, creed, gender, national origin, age disability, marital or veteran status, or any other legally protected status.

*\*Please Print Legibly\**

Position Applied For: \_\_\_\_\_ Date of Application: \_\_\_\_\_

How Did you Learn About us?

- Advertisement       Friend       Inquiry  
 Employment Agency       Relative       Other: \_\_\_\_\_

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
Middle Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Alternate Phone

\_\_\_\_\_  
Best Time to Contact You

\_\_\_\_\_  
E-Mail

- Have you ever filed an application with us before?  No  Yes *If Yes, Give Date:* \_\_\_\_\_
- Have you ever been employed with us before?  No  Yes *If Yes, Give Date:* \_\_\_\_\_
- Do any of your friends or relatives, other than spouse, work here?  No  Yes
- *If "Yes", Please Give Name and Relationship:* \_\_\_\_\_
- Are you Currently Employed?  No  Yes - May we contact your current employer?  No  Yes
- Are you prevented from lawfully becoming employed in this Country because of Visa or Immigration Status?  No  Yes  
*\*Proof of citizenship or immigration status will be required upon employment*
- Are you currently on "lay-off" status and subject to recall?  No  Yes
- Are you able to travel if the job requires?  No  Yes

**WE ARE AN EQUAL OPPORTUNITY EMPLOYER**

Name: \_\_\_\_\_



## EDUCATION

| SCHOOL                  | NAME - City, State | Course of Study | Year Completed | Diploma / Degree |
|-------------------------|--------------------|-----------------|----------------|------------------|
| High School             |                    |                 |                |                  |
| Graduate / Professional |                    |                 |                |                  |
| Other                   |                    |                 |                |                  |

## WORK EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status. If you need more room, please include those items on a separate sheet of paper.

|                       |               |      |                           |  |
|-----------------------|---------------|------|---------------------------|--|
| Employer:             | Date Employed |      | Work Performed:           |  |
|                       | Start:        | End: |                           |  |
| Address:              |               |      |                           |  |
| Telephone Numbers(s): |               |      |                           |  |
| Starting Job Title:   |               |      | <b>Hourly Rate/Salary</b> |  |
| Present Job Title:    |               |      | Start                     | Final  |
| Supervisor Name:      |               |      | May we Contact?           | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Reason for Leaving:   |               |      |                           |  |

|                       |               |      |                           |  |
|-----------------------|---------------|------|---------------------------|--|
| Employer:             | Date Employed |      | Work Performed:           |  |
|                       | Start:        | End: |                           |  |
| Address:              |               |      |                           |  |
| Telephone Numbers(s): |               |      |                           |  |
| Starting Job Title:   |               |      | <b>Hourly Rate/Salary</b> |  |
| Present Job Title:    |               |      | Start                     | Final  |
| Supervisor Name:      |               |      | May we Contact?           | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Reason for Leaving:   |               |      |                           |  |

|                       |               |      |                           |  |
|-----------------------|---------------|------|---------------------------|--|
| Employer:             | Date Employed |      | Work Performed:           |  |
|                       | Start:        | End: |                           |  |
| Address:              |               |      |                           |  |
| Telephone Numbers(s): |               |      |                           |  |
| Starting Job Title:   |               |      | <b>Hourly Rate/Salary</b> |  |
| Present Job Title:    |               |      | Start                     | Final  |
| Supervisor Name:      |               |      | May we Contact?           | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Reason for Leaving:   |               |      |                           |  |

Name: \_\_\_\_\_



**Work Experience Comments:** Include explanation of any gaps in employment:

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Describe any specialized training, apprenticeship, skills and extra-curricular activities.

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Describe any job-related training received in the United States military:

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Skills/Equipment Operated, etc. *(List Production and/or Mobile Machinery)*

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|  |  |  |

State any additional information you feel may be helpful to us in considering your application:

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**Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.**

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of the activities involved in such a job or occupation has been given.  Yes  No

**PERSONAL/PROFESSIONAL REFERENCES** (Do Not include family members or past supervisors)

|    | Name  | Phone Number | Occupation |
|----|-------|--------------|------------|
| 1. | _____ | _____        | _____      |
| 2. | _____ | _____        | _____      |
| 3. | _____ | _____        | _____      |

Name: \_\_\_\_\_



## APPLICANT'S STATEMENT

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with lawful reason. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or Interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Name: \_\_\_\_\_