

## **APPLICATION FOR EMPLOYMENT**

Doherty Employment Group, Inc. is an equal opportunity employer and will not discriminate against any applicant for employment because of race, color, religion, gender, national origin, genetic characteristic, disability, age, or any other status protected under law for individuals within the jurisdiction of the applicable law. Applicants who require an accommodation throughout the application and interview process should request this in advance. Additional testing of job related skills may be required prior to employment. If you feel that you have been discriminated against during the application process, contact the Human Resources Department at (952) 832-8370 or (800) 989-7040.

<b>POSITION APPLIED FOR:</b> (MUST BE COMPLETED FOR APPLICATION TO BE CONSIDERED)						
TODAYS DATE		LAST FOUR DIGITS OF SOCIAL SECURITY #				
LAST NAME	FIRST NAME			МІ		
HOME ADDRESS		CITY			STATE	ZIP
PHONE #		ALTERN	IATIVE PHON	E #		
ARE YOU 18 YEARS OF AGE OR OLDER?	IF APPLYING FOR A POSITION WHICH DL# WILL REQUIRE DRIVING, PLEASE					
o NO	SUPPLY DRIVER'S LICENSE NUMBER:					
HAVE YOU EVER BEEN EMPLOYED BY DOHERT BEFORE?	Y o YES	o NO	IF YES, WH	ERE?		
REASON FOR LEAVING						
IF HIRED, CAN YOU FURNISH PROOF THAT YOU ARE ELIGIBLE TO WORK IN THE UNITED o YES o NO STATES?						

NAME OF SCHOOL/LOCATION	DID YOU GRADUATE	DEGREE/DIPLOMA CERTIFICATE	MAJOR
HIGH SCHOOL	o YES o NO		
COLLEGE OR UNIVERSITY	o YES o NO		
GRADUATE:	o YES o NO		
TECHNICAL, BUSINESS OR VOCATIONAL TRAINING:	o YES o NO		
ADDITIONAL JOB RELATED SEMINARS, SHORT C	OURSES, WORKSHOP	S, OR OTHER EDUCATIONA	L EXPERIENCES:

WORK HISTORY			
INCLUDE ALL EMPLOYMENT FROM YOUR LAST THREE EMPLOYERS WITH START AND END DATES. IF YOU HAVE A GAP OF EMPLOYMENT, PLEASE EXPLAIN BELOW, INCLUDING DATES. FAILURE TO PROVIDE COMPLETE INFORMATION MAY RESULT IN REJECTION OF YOUR APPLICATION.			
MAY WE CONTACT YOUR PRESENT o YES o	NO		
PRESENT AND FORMER EMPLOYERS: LIST MOST RECENT FIRST			
COMPANY NAME	JOB TITLE & DUTIES		
ADDRESS	CITY, STATE, ZIP		
SUPERVISOR'S NAME	TELEPHONE NUMBER		

DATES WORKED		REASON FOR LEAVING	FINAL WAGE/SALARY	
FROM:	TO:			
COMPANY NAME		JOB TITLE & DUTIES		
ADDRESS		CITY, STATE, ZIP		
SUPERVISOR'S NAME		TELEPHONE NUMBER		
DATES WORKED		REASON FOR LEAVING	FINAL WAGE/SALARY	
FROM:	TO:			
COMPANY NAME		JOB TITLE & DUTIES		
ADDRESS		CITY, STATE, ZIP		
SUPERVISOR'S NAME		TELEPHONE NUMBER		
DATES WORKED		REASON FOR LEAVING	FINAL WAGE/SALARY	
FROM:	TO:			
COMPANY NAME		JOB TITLE & DUTIES		
ADDRESS		CITY, STATE, ZIP		
SUPERVISOR'S NAME		TELEPHONE NUMBER		
DATES WORKED		REASON FOR LEAVING	FINAL WAGE/SALARY	
FROM:	TO:			
SPECIAL SKILLS AND QUALIFICATIONS				
ADDITIONAL INFORMATION YOU WANT US TO CONSIDER IN EVALUATING YOUR QUALIFICATIONS				
EXPLAIN ANY GAPS OF EMPLOYMENT HERE				

REFERENCES				
NAME	COMPANY	TITLE	TELEPHONE #	
1.				
2.				
3.				

## AGREEMENT - PLEASE READ CAREFULLY ENTIRE STATEMENT BELOW AND SIGN

I certify that the facts set forth in this application are true and complete, to the best of my knowledge. I acknowledge that Doherty Employment Group and/or any of its divisions or affiliated entities. (hereafter referred to as "THE COMPANY") may rely on my representations in this application in making its hiring decision. I understand that any false statement or omission of information submitted on this application may result in my not being hired or, if discovered later, my immediate discharge.

I authorize investigation of all statements contained herein and authorize the references and previous employers listed above to give THE COMPANY any and all information requested concerning my previous employment and any pertinent information they may have, personal or otherwise. I understand that the results of such an investigation may be used to determine whether I will be hired. I hereby release said references, investigators, previous employers and THE COMPANY from all liability for any damage that may result from furnishing or receiving this information.

I further agree that, if employed, I will conform my conduct to THE COMPANY rules and understand that my employment is "at will" and can be terminated with or without cause, and with or without notice, at any time, at my option or the option of THE COMPANY where applicable. I also understand that this application and any employment manuals or handbooks that may be distributed to me during my employment shall not be regarded as a contract.

In the event of termination of my employment, whether voluntary or involuntary, I authorize THE COMPANY, in its sole discretion, to supply my name, address and phone number to other divisions, companies, services or agencies which may have employment opportunities.

Employee Signature:

Date: \_\_\_\_