



Durus Industrial
 55 S. 56th ST
 Chandler, AZ 85226
 Ph. 602-237-8800
 Fax 602-926-8982

Durus Industrial
 P.O. Box 12528
 Tempe, AZ 85284
 877-257-6223

Employment Application

This application is good for 60 days

Federal law obligates us to provide reasonable accommodation to the known disabilities of applicants and employees, unless to do so would pose an undue hardship. Please feel free to let us know if you need an accommodation to complete the application process or to perform any essential elements of the position sought.

To Applicant: We deeply appreciate your interest in our organization and assure you that we are sincerely interested in your qualifications. A clear understanding of your background and work history will aid us in placing you in the position that best meets your qualifications and may assist us in possible future upgrading.

Position Desired: _____

Employee # _____

Please Print Information

Last Name	First	Middle	Date
Street Address			Cell Phone
City, State, Zip			House Phone
Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: Month and year _____			Are you over 18? (Required for Commercial Drivers)
Apart from absence for religious observation, are you available for full time work? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, what hours can you work? _____			Rate of pay expected \$ _____ per _____
Are you legally eligible for employment in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Two Proofs of citizenship or immigration status will be required upon employment (I.E.: Passport, Alien Registration Card, driver's license, Social Security card and birth certificate)</i>			Will you work overtime if asked? <input type="checkbox"/> Yes <input type="checkbox"/> No
The position for which you are applying may require overnight or out of town employment, do you have any objections to this arrangement? <input type="checkbox"/> Yes <input type="checkbox"/> No			On what date will you be available to begin work?

DRIVERS LICENSE INFORMATION

Driver Licenses or Permits Held in the Past 3 Years	STATE	LICENSE NO.	CLASS	ENDORSEMENT(S) (include Hazmat)	EXPIRATION DATE

Email Address: _____

In case of emergency notify:

Name: _____ Primary Phone: _____

Relationship: _____ Address: _____

Name: _____ Primary Phone: _____

Relationship: _____ Address: _____

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Prospective employees will receive consideration without discrimination because of race, color, sex, age, disability, national origin, religion, or any other prohibited basis of discrimination, as provided under applicable state and federal law

EMPLOYMENT HISTORY

Please give accurate, complete full time and part time employment record. Start with your present or most recent employer. If you need additional space please use a separate sheet of paper.

NOTE: All applicants wishing to drive in interstate commerce must provide the following information on all employers during the preceding ten years.

Are you currently employed? Yes No

<p>Employer _____</p> <p>Address _____ City _____ ST _____ Zip Code _____</p> <p>Name of Supervisor _____</p> <p>Job title and describe work performed _____</p> <p>_____</p>	<p>Telephone (_____) _____</p> <p>Employed (month and year) From _____ to _____</p> <p>Hourly Rate/Salary Start _____ Final _____</p> <p>Reason for leaving: _____</p> <p>May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Employer _____</p> <p>Address _____ City _____ ST _____ Zip Code _____</p> <p>Name of Supervisor _____</p> <p>Job title and describe work performed _____</p> <p>_____</p>	<p>Telephone (_____) _____</p> <p>Employed (month and year) From _____ to _____</p> <p>Hourly Rate/Salary Start _____ Final _____</p> <p>Reason for leaving: _____</p> <p>May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Employer _____</p> <p>Address _____ City _____ ST _____ Zip Code _____</p> <p>Name of Supervisor _____</p> <p>Job title and describe work performed _____</p> <p>_____</p>	<p>Telephone (_____) _____</p> <p>Employed (month and year) From _____ to _____</p> <p>Hourly Rate/Salary Start _____ Final _____</p> <p>Reason for leaving: _____</p> <p>May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Employer _____</p> <p>Address _____ City _____ ST _____ Zip Code _____</p> <p>Name of Supervisor _____</p> <p>Job title and describe work performed _____</p> <p>_____</p>	<p>Telephone (_____) _____</p> <p>Employed (month and year) From _____ to _____</p> <p>Hourly Rate/Salary Start _____ Final _____</p> <p>Reason for leaving: _____</p> <p>May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>

EDUCATION

	Name and address of school	Course of study	Years Completed	Diploma degree
High School				
Undergraduate College				
Graduate Professional				
Other (specify)				

REFERENCES

Name	Phone # ()
Address	How long have you known them
Name	Phone # ()
Address	How long have you known them
Name	Phone # ()
Address	How long have you known them

ADDITIONAL INFORMATION

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

APPLICANT'S STATEMENT

These answers are true and complete to the best of my knowledge. I authorize you to make such investigation and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. I understand that any false or misleading information provided during the application or interview process will result in my immediate discharge if I am hired, regardless of when discovered. **I UNDERSTAND THAT THIS APPLICATION IS NOT A CONTRACT OF EMPLOYMENT. I ALSO UNDERSTAND THAT IF HIRED, REGARDLESS OF ANY ORAL REPRESENTATIONS TO THE CONTRARY, THE EMPLOYMENT RELATIONSHIP BETWEEN MYSELF AND THE COMPANY IS TERMINABLE-AT-WILL SO THAT BOTH THE COMPANY AND I REMAIN FREE TO CHOOSE TO END OUR WORK RELATIONSHIP AT ANY TIME FOR ANY OR NO REASON. ANY CHANGES IN THIS EMPLOYMENT RELATIONSHIP MUST BE MADE IN WRITING AND WITHIN THE GUIDELINES OUTLINED IN THE COMPANY POLICY HANDBOOK.**

I also understand that any offer of employment may be conditioned upon a health evaluation by a doctor selected by the Company, to determine whether I can perform the job duties. In addition, I understand a drug or alcohol test may be required depending upon Company policy. I authorize the Company to make a thorough investigation of my past employment, education and job-related activities and I release from all liability all persons, companies, and corporations supplying such information. I also indemnify this Company and its' employees against liability which might result from making such investigation.

I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CRF 391.23(d) and (e). I understand that I have the right to:

- Review information provided by previous employers;
- Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

Signature of Applicant

Date