

Application for Employment



Employees of DeZert Gate Systems LLC and applicants for employment shall be afforded equal opportunity in all aspects of employment without regard to race, color, religion, creed, national origin, disability, gender, age or any other characteristic protected by applicable state or federal law.

1. Candidate Information

Position applying (one per application)	Full legal name (Last, First, Middle)	
Daytime Phone	Evening phone	Alternate phone
Street address		
City, State, Zip	Email address	

2. Education

Check the box for the highest level of education you have completed:

- Some high school High school graduate or equivalent Some college/associate/vocational College graduate
 Some graduate school Master's degree Ph.D. or professional degree

Name/location of institution	Degree	Major	Minor	Dates Attended

3. Employment History

Starting with the most recent position, describe ALL paid positions, military and applicable voluntary experience for the last 5 years (attach additional sheets if necessary). Highlight your knowledge, skills and abilities that best demonstrate your qualifications for this position. You may list significantly different jobs within the same organization as separate items. Please explain all gaps in employment. DO NOT WRITE "SEE RESUME." ANSWER ALL QUESTIONS IN DETAIL.

May we contact your present supervisor? Yes _____ No _____

Job Title		Duties	
Employer		Immediate supervisor	
Address		Phone	
Dates Employed From To	Number of employees you supervised	Salary Start \$ Date (mo/yr):	
		Finish \$ Date (mo/yr):	
Reason for leaving			

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Employment History (continued)

Job Title		Duties	
Employer		Immediate supervisor	
Address		Phone	
Dates Employed From	To	Number of employees you supervised	Salary
			Start \$
			Date (mo/yr):
			Finish \$
			Date (mo/yr):
Reason for leaving			

Job Title		Duties	
Employer		Immediate supervisor	
Address		Phone	
Dates Employed From	To	Number of employees you supervised	Salary
			Start \$
			Date (mo/yr):
			Finish \$
			Date (mo/yr):
Reason for leaving			

Job Title		Duties	
Employer		Immediate supervisor	
Address		Phone	
Dates Employed From	To	Number of employees you supervised	Salary
			Start \$
			Date (mo/yr):
			Finish \$
			Date (mo/yr):
Reason for leaving			

Please provide any additional information you think would help us evaluate your application for employment, including training, seminars, workshops, special achievements, specialized skills or equipment operated: _____

Have you ever been terminated, fired, asked to resign or otherwise involuntarily removed from employment? yes no
Please explain: _____

Software Skills (only list those in which you are proficient): _____

Do you have a valid driver's license? yes no

Do you have a certificate or other authorization to practice a trade or profession? yes no

If yes, please explain: _____

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4. References: List names, addresses, and relationships of three supervisors not related to you who know your qualifications:

Name/Title	Email Address	Phone	Company/Relationship

5. Miscellaneous

a. When will you be available to start work? Month _____ Day _____ Year _____

b. Minimum Salary Requirement: _____ (hourly/salary)

c. Are you willing to accept employment that requires you to travel? Yes No

d. Are you able to provide your own transportation to and from work? Yes No

e. For compliance with The Immigration Reform and Control Act, are you legally eligible to work in the USA? Yes No

Note: Under The Immigration Reform and Control Act of 1986, you will be required to fill out certification verifying that you are eligible to be employed and verifying your identity.

f. Have you ever been convicted of a felony? Yes* No If yes, please explain. *A yes answer will not automatically disqualify you from consideration: _____

Class/date/location of conviction: _____

g. Are you able to perform the essential job functions of this position with or without accommodations? _____

h. Are you currently obligated to any Non-Compete or Non-Disclosure Agreements? Yes No

If yes, please explain: _____

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6. Certification – Each Application Requires Current Date and Original Signature

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that falsified statements on this application may be grounds for disqualification for employment or if employed, for dismissal. I authorize investigation of all statements contained herein, references from any prior employer, background checks, credit checks, or any other investigative tools to provide any and all information relative to suitability for employment to include previous employers and any pertinent information they may share, and release Dezert Gate Systems LLC from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of Dezert Gate Systems LLC has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is written and signed by an -authorized representative. Both the undersigned, and/or Dezert Gate Systems LLC, may end the employment relationship at any time, with or without specified notice or reason.

I also understand that (1) Dezert Gate Systems LLC has or may implement a Drug Policy that allows for pre-employment testing as well as testing after employment; (2) consent to and compliance with such Policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such Policy. I further understand that employment or continued employment may be based on current fingerprint clearance, authorization to work in the United States and where applicable, successful passing of job-related physical examinations. By this consent, I hereby release any health professional, hospital, medical center, clinic, etc., and/or the Organization or any of its representatives from any and all liabilities arising from the release of or use of information derived from or contained in my background, physical examination and/or test results. I understand my refusal to cooperate fully with an investigation or a positive test result for any illegal substance may be grounds for disqualification for employment or if already employed, termination from employment.

I have read, understand, agree and accept the above statements.

Signature _____ **Date** _____