

WORK HISTORY

May we contact your present employer?

YES NO

Most Recent Employer		Address		Telephone
Date Started	Starting Salary: \$ _____ per	Starting Position		
Date Left	Salary on Leaving: \$ _____ per	Position Leaving		
Name and Title of Supervisor				
Description of Duties		Reasons for Leaving		
Previous Employer		Address		Telephone
Date Started	Starting Salary: \$ _____ per	Starting Position		
Date Left	Salary on Leaving: \$ _____ per	Position Leaving		
Name and Title of Supervisor				
Description of Duties		Reasons for Leaving		
Previous Employer		Address		Telephone
Date Started	Starting Salary: \$ _____ per	Starting Position		
Date Left	Salary on Leaving: \$ _____ per	Position Leaving		
Name and Title of Supervisor				
Description of Duties		Reasons for Leaving		
Previous Employer		Address		Telephone
Date Started	Starting Salary: \$ _____ per	Starting Position		
Date Left	Salary on Leaving: \$ _____ per	Position Leaving		
Name and Title of Supervisor				
Description of Duties		Reasons for Leaving		

APPLICANT'S CERTIFICATION AND AGREEMENT

I certify that the facts set forth in this Application for Employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements, omissions or misrepresentations may result in my dismissal. I authorize the Company to make an investigation of any of the facts set forth in this application.

New hires and re-hires are required to submit to a drug screening test, paid for by Dellinger, Inc. as a condition of employment and will be subject to drug testing during employment with Dellinger, Inc per the Dellinger, Inc. Substance Abuse Policy.

I understand that employment at this Company is "at will," which means that either I or the Company can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment is continued on that basis. I understand that no supervisor, manager, or executive of the Company, other than the president has any authority to alter the foregoing.

I acknowledge that I have reviewed the job description for which I am applying and that I understand its requirements and that I am capable of performing the tasks identified without posing a significant risk of substantial harm to the health and safety of myself or others.

Date _____ Applicant's Signature _____