



Durable Products Inc

EMPLOYMENT APPLICATION

Print all names and be sure to sign this application

Form with fields: Last Name, First Name, Middle Name, Social Security Number, Email, Street Address, City and State, Zip, Home Telephone, Cell Ph.

DO YOU HAVE A LEGAL RIGHT TO WORK IN THE U.S.? YES NO If no, list status: Note: If hired, you will be required to furnish proof of U.S. Citizenship or your authorization to work in the U.S. as specified under applicable U.S. Immigration Laws.

Are you 18 years of age or older? Yes No Can you work any shift? Yes No Shift Preferred [ ] Date you can start. \_\_\_\_\_

Position you are applying for? \_\_\_\_\_ Most of the positions in the production area require you to be able to lift 20 lbs repetitively and occasionally up to 70 lbs. Stand on your feet for 8 hrs. Bend and stoop, push and pull.

List any special skills or occupations you have which would especially qualify you to work for this company? [ ]

Can you perform the essential functions of the job in which you are applying for? Yes No If No, please explain.

Have you ever worked for this company direct or indirect? Yes No If yes, please complete for all names used:

Table with 3 columns: Name, Location, Date

Education

Table with 4 columns: High School/ GED, University, Location, Major areas of Concentration, Did you Graduate? Yes No, Degree? Yes No

Do you have any other training you attended school for? If yes, please list name of school and location and type of training or certificate received.

Table with 3 columns: Name, Location, Type of Certificate or Training

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**Employment History**

Beginning with the most recent, list all jobs, including temporary positions, part-time employment while in school.  
**A resume is not a substitute for completing this section.**

Employer	Street Address, City, State, Zip	Telephone Number
Manager (Name and Title)	Telephone Number	Your Job Title
Description of Duties	Reason for Leaving	From _____ To _____ Weekly Pay Start _____ Last _____

Employer	Street Address, City, State, Zip	Telephone Number
Manager (Name and Title)	Telephone Number	Your Job Title
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May we contact you at your present place of employment?                      Yes                      No  
**To list additional employers please attach supplemental sheets.**

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## Unemployment Periods

Please list any periods of unemployment that lasted one month or more between schooling, military, or employed periods. Include periods of time with dates, and the reason for unemployment.

From (Mo/Yr)	To (Mo/Yr)	Reason for Unemployment

## References:

Excluding relatives, List three persons familiar with your technical work capabilities that we may contact.

Name ( Last, First)	Working Relationship/Association	Home Phone	Work Phone

## Membership in Professional or Civic Organization

(Exclude those which may disclose your race, color, religion or national origin)

## U.S. Military Service/Government Service

Did you serve in the U.S. Armed Forces?    Yes            No            If yes, "in what Branch? \_\_\_\_\_

Do you have any friends or relatives at Durable Products Inc.?  
Yes            No            Please list below.

Name	Relationship

- I agree that employment is contingent on passing a drug-screening test, as defined by current Durable Products policy.
- I authorize Durable Products Inc. and/or any of its agents to verify the accuracy and completeness of any and all the information that I have provided.
- I certify that the information that I have provided in this employment application is a true and complete response to each question asked. I acknowledge that I have given consideration to each question and had the opportunity to ask for clarification prior to responding.
- I authorize my former employers and educational institutions to provide Durable Products Inc with any information that they may have about myself, and I absolve them from any damages in providing such information.
- I understand that this application is for employment of indefinite duration that can be terminated with or without cause and notice at any time, either by Durable Products or me. I understand that no member of management, official or agent of Durable has authority to make any agreement (oral, written, or implied) or other representation to the contrary. However, I understand that an officer of the Corporation can do so in a written agreement signed by the officer and me.
- I acknowledge and agree that if, upon investigation, anything in this application is found to be untrue; I will be subject to dismissal at any time during my employment with Durable Products Inc.
- I understand and agree that a facsimile of my signature will be considered as binding as my original.

**AS AN EQUAL OPPORTUNITY EMPLOYER, we appreciate your interest in Durable Products, Inc.**

**APPLICANT – PLEASE SIGN AND DATE HERE**

<b>Signature:</b>	<b>Date:</b>

**EMAIL COMPLETED APPLICATIONS TO HR@DURABLEPRODUCTSINC.COM**