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EMPLOYMENT APPLICATION

Please Print

Position Applied for: _____

Applicant Telephone: _____

Name: _____
Last First Middle

Address: _____

Telephone: () _____ Social Security Number: _____ - _____ - _____

If you are under 18, can furnish a work permit? Yes No

Have you ever been employed here before? Yes No

Are you legally eligible for employment in this country? Yes No

Date available for work / /

Have you ever been convicted of a felony in the last seven (7) years? Yes No

If yes explain _____

Can you perform the duties of the job you are applying for with or without accomodations..... Yes No

If no explain _____

Drivers License Number (if job related) _____

REFERENCES: List two (2) references who are not relatives or former supervisor.

Table with 4 columns: Name, Address, Telephone Number, Years Known

EMPLOYMENT: List last employment first. Be sure all your experience or employers related to this job are listed are here, in the summary (following this section), or use an extra sheet of paper if necessary.

Table with 4 columns: From, To, Employer, Telephone ()

From	To	Employer	Telephone ()
Job Title		Address	
Immediate Supervisor		Position Title/Duties Skills	
Reason For Leaving			
		Hourly Rate Start \$ _____ Final \$ _____	
From	To	Employer	Telephone ()
Job Title		Address	
Immediate Supervisor		Position Title/Duties Skills	
Reason For Leaving			
		Hourly Rate Start \$ _____ Final \$ _____	

EDUCATION:

High School:	Years Completed	Field of Study	Graduate or Degree
College / University:			
Business Technical:			
Other:			

MILITARY SERVICE: YES NO

Duty/Specialized Training: _____

Information to applicant: As a part of our procedure for processing your employment application, your personal and employment references may be checked. If you have misrepresented or omitted any facts on this application and are subsequently hired, you may be discharged from your job. You may make a written request for information derived from the checking of your references.

I give the employer the right to investigate all references and to secure additional information about me, if job-related. I hereby release from liability the employer and its representative for seeking such information and all other persons, corporations or organization for furnishing such information.

The employer is an Equal Opportunity Employer. The employer does not discriminate in employment and no question on this application is used for the purpose of limiting or excusing an applicant's consideration for employment on a basis prohibited by local, state or federal law.

This application is current for only 60 days. At the conclusion of this time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to fill out a new application.

I understand that just as I am free to resign at any time, the employer reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no representative of the employer has the authority to make any assurances to the contrary.

I understand it is this company's policy not to refuse to hire a qualified individual with a disability because of this person's need for an accommodation that would be required by the ADA.

Signature of Applicant _____ Date _____ / _____ / _____

Please fax copy to 954-476-7010 or email dynacareers@dynaservfl.com