

# APPLICATION FOR EMPLOYMENT DTS, INC.

DTS, Inc. is an equal opportunity employer and does not discriminate in hiring or terms and conditions of employment on the basis of race, color, creed, national origin, ancestry, sex, age, or disabilities. No question on this application is intended to secure information to be used for such discrimination.

## PERSONAL INFORMATION

DATE OF APPLICATION: \_\_\_\_\_

Name:

Last

First

Middle

Maiden

Address:

Street

(Apt)

City, State

Zip

How long have you lived at the above address: \_\_\_\_\_

Contact Information:

( )

( )

Home Telephone

Mobile

Email

Are you over the age of 21? Yes  No

Do you have a valid Kentucky Driver's License? \_\_\_\_\_ License # \_\_\_\_\_

Has your driver's license ever been revoked or suspended? \_\_\_\_\_ If yes, please explain.

Have you had any moving violations in the past 3 years? \_\_\_\_\_, If yes, explain.

Have you ever been convicted of a felony? \_\_\_\_\_ If yes, please explain.

Are you eligible for employment in the United States? \_\_\_\_\_

Do you have any physical or mental conditions which may impair your ability to perform the required job duties? \_\_\_\_\_ If yes, please explain. \_\_\_\_\_

How did you learn about our company? Please circle:

Newspaper

Computer

Friend

Current Employee

Other, \_\_\_\_\_

Available Start Date: \_\_\_\_\_ Desired Pay Range: \_\_\_\_\_ per hr./week

Are you available to work: Full Time Yes  No  Part time Yes  No

Are you available to work Monday between Friday from 5 am to 6 pm? Yes  No

Are you available to work some Saturdays on a rotation basis? Yes  No

Days/Times you are not available to work: \_\_\_\_\_ Are you currently employed? \_\_\_\_\_

**EDUCATION**

	Name and Location	Graduate? – Degree?	Major / Subjects of Study
High School			
College or University			
Specialized Training, Trade School, etc...			

Are you CPR certified? Yes  No  If yes, when does your certification expire? \_\_\_\_\_

Are you First Aid certified? Yes  No  If yes, when does your certification expire? \_\_\_\_\_

Do you have a cell phone? Yes  No

Do you have a computer? Yes  No

If so, do you have Microsoft Word? Yes  No

Microsoft Excel? Yes  No

Please list any work or personal experience you have working with the elderly and/or people with disabilities.

Please list your special skills or other items that may contribute to your abilities in performing the above mentioned position.

Please provide any additional information you wish to share to help us better understand why you would be an asset to DTS, Inc.

**Character References: Other than relatives, former employers, or supervisors.**

Name	Relationship	Address	Phone #

**EMPLOYMENT HISTORY**

**Please list your work history beginning with the most recent employment:**

<b>Dates Employed</b>	<b>Company Name</b>	<b>Role/Title</b>	<b>Wages</b>	<b>Phone Number</b>

**List job duties performed and reason for leaving:**

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<b>Dates Employed</b>	<b>Company Name</b>	<b>Role/Title</b>	<b>Wages</b>	<b>Phone Number</b>

**List job duties performed and reason for leaving:**

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<b>Dates Employed</b>	<b>Company Name</b>	<b>Role/Title</b>	<b>Wages</b>	<b>Phone Number</b>

**List job duties performed and reason for leaving:**

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I certify that the information contained on this application is correct to the best of my knowledge and understand that any omission or erroneous information is ground for dismissal in accordance with the policy of this company. I authorize the references listed above to give you any and all information concerning my previous employment and pertinent information they may have, personal or otherwise, and release all parties from liability for any damage that may result from furnishing this information. I acknowledge that DTS, Inc. reserves the right to amend or modify the policies of this company at any time without prior notice. I further understand these policies do not create any promises or contractual obligations between DTS, Inc. and its employees.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please return completed application to: Email: dtsoffice@dts-ky.com or Fax: 270-678-5875**

**or Mail to: DTS, Inc.  
747 Beckton Rocky Hill Road  
Glasgow, KY 42141**