



APPLICATION FOR EMPLOYMENT

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Has your driver's license ever been revoked or suspended?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? _____

Qualifications:

Please list any forms of education or training that you have had: (Highschool Diploma, Degree, etc.)
Please include specific information such as dates achieved.

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 smart phone? 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.



EMPLOYMENT HISTORY

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

| Dates Employed | Company Name | Role/Title | Wages | Phone Number |
|----------------|--------------|------------|-------|--------------|
| | | | | |

List job duties performed and reason for leaving:

.....

.....

| Dates Employed | Company Name | Role/Title | Wages | Phone Number |
|----------------|--------------|------------|-------|--------------|
| | | | | |

List job duties performed and reason for leaving:

.....

.....

****List additional work references or resume information on a separate attachment****

Additional Work / Character References: Other than Family or Friends

| Name | Relationship | Address | Phone # |
|------|--------------|---------|---------|
| | | | |
| | | | |
| | | | |

I certify that the information contained on this application is correct to the best of my knowledge and understand that any misleading or false 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.

Applicant Signature: _____ Date: _____

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

or Mail to: DTS, Inc. 719 Beckton Rocky Hill Road Glasgow, KY 42141