



Application for Employment

It is our policy to comply with all applicable local, state and federal laws prohibiting discrimination in employment based on race, religion, color, sex, age, national origin, disability, military status or other protected classification.

Equal access to programs, services and employment is available to all persons. If you need help filling out this application form or for any phase of the employment process, please notify the person that provided you this form and every effort will be made to reasonably accommodate your needs.

Print **CLEARLY** and complete **ALL** sections of the application form. Incomplete or illegible applications will **NOT** be processed.

Applicant Information

<i>LAST NAME</i>	<i>FIRST NAME</i>	<i>MIDDLE NAME</i>	<i>HOME PHONE</i>
<i>STREET ADDRESS</i>			<i>ALTERNATE PHONE NUMBER</i>
<i>CITY</i>	<i>STATE</i>	<i>ZIP</i>	<i>YEARS AT THIS ADDRESS</i>
<i>E-MAIL ADDRESS</i>			<i>ARE YOU BELOW THE AGE OF 18?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No

<i>POSITION OR TYPE OF WORK DESIRED</i>	<i>DATE AVAILABLE FOR WORK</i>	<i>RATE OF PAY EXPECTED (SPECIFY HOURLY, MONTHLY, OR ANNUALLY)</i>	
<i>HAVE YOU APPLIED WITH DCI BEFORE? IF SO, WHEN</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	<i>CHECK ONE</i> <input type="checkbox"/> FT <input type="checkbox"/> PT		<i>WILL YOU WORK OVERTIME?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No
<i>ARE THERE ANY HOURS, SHIFTS, OR DAYS YOU CANNOT OR WILL NOT WORK? <input type="checkbox"/> Yes <input type="checkbox"/> No</i> <i>IF YES, WHEN?</i>			
<i>ARE YOU ABLE TO MEET THE ATTENDANCE REQUIREMENTS OF THE POSITION? <input type="checkbox"/> Yes <input type="checkbox"/> No</i>			
<i>DO YOU HAVE ANY COMMITMENTS TO ANOTHER EMPLOYER THAT MIGHT AFFECT YOUR EMPLOYMENT WITH US?</i>			
<i>ARE YOU LEGALLY AUTHORIZED TO WORK IN THE UNITED STATES?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No		<i>HOW WERE YOU REFERRED TO US?</i>	

Education

	<i>SCHOOL NAME & LOCATION</i>	<i>COURSE OR SUBJECT</i>	<i># OF YEARS ATTENDED</i>	<i>DID YOU GRADUATE?</i>	<i>DEGREE</i>
<i>HIGH SCHOOL</i>				<input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>COLLEGE OR UNIVERSITY</i>				<input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>OTHER</i>				<input type="checkbox"/> Yes <input type="checkbox"/> No	

Work Experience

Please list your present and/or previous employers, beginning with your current or most recent employer. Please give accurate and complete information and be sure telephone numbers are correct for verification purposes. **You must complete this section even if you attach a resume.**

EMPLOYER #1	FROM :	TO:	RATE OF PAY PER <input type="checkbox"/> HOUR <input type="checkbox"/> MONTH <input type="checkbox"/> YEAR
ADDRESS	JOB TITLE		DUTIES:
CITY STATE	SUPERVISOR		
TELEPHONE	REASON FOR LEAVING		

EMPLOYER #2	FROM :	TO:	RATE OF PAY PER <input type="checkbox"/> HOUR <input type="checkbox"/> MONTH <input type="checkbox"/> YEAR
ADDRESS	JOB TITLE		DUTIES:
CITY STATE	SUPERVISOR		
TELEPHONE	REASON FOR LEAVING		

EMPLOYER #3	FROM :	TO:	RATE OF PAY PER <input type="checkbox"/> HOUR <input type="checkbox"/> MONTH <input type="checkbox"/> YEAR
ADDRESS	JOB TITLE		DUTIES:
CITY STATE	SUPERVISOR		
TELEPHONE	REASON FOR LEAVING		

EMPLOYER #4	FROM :	TO:	RATE OF PAY PER <input type="checkbox"/> HOUR <input type="checkbox"/> MONTH <input type="checkbox"/> YEAR
ADDRESS	JOB TITLE		DUTIES:
CITY STATE	SUPERVISOR		
TELEPHONE	REASON FOR LEAVING		

EMPLOYER #5	FROM :	TO:	RATE OF PAY PER <input type="checkbox"/> HOUR <input type="checkbox"/> MONTH <input type="checkbox"/> YEAR
ADDRESS	JOB TITLE		DUTIES:
CITY STATE	SUPERVISOR		
TELEPHONE	REASON FOR LEAVING		

MAY WE CONTACT YOUR PRESENT EMPLOYER FOR REFERENCES? Yes No

Other

PLEASE INDICATE SKILLS AT WHICH YOU ARE PROFICIENT. (MARK ALL THAT APPLY)

10-KEY (BY TOUCH)

10-KEY (BY SIGHT)

DATA ENTRY

WINDOWS-BASED APPLICATIONS:

WORD PROCESSING

SPREADSHEETS

PRESENTATIONS

DESK-TOP PUBLISHING

OTHER COMPUTER SKILLS: (LIST)

SUMMARIZE ANY TRAINING, SKILLS, LICENSES, PROGRAMMING LANGUAGES AND/OR CERTIFICATES THAT MAY QUALIFY YOU AS BEING ABLE TO PERFORM THE JOB-RELATED FUNCTIONS IN THE POSITION FOR WHICH YOU ARE APPLYING.

ARE YOU CURRENTLY SERVING (OR HAVE YOU EVER SERVED) IN THE U. S. ARMED FORCES? Yes No

IF YES, PLEASE IDENTIFY THE BRANCH OF SERVICE AND YOUR CURRENT OR MOST RECENT RANK.

LIST THREE REFERENCES FAMILIAR WITH YOUR WORK ABILITY THAT WE MAY CONTACT. DO NOT INCLUDE RELATIVES.

NAME	ADDRESS	PHONE NUMBER	PROFESSIONAL RELATIONSHIP	YEARS KNOWN

PLEASE DESCRIBE IN THREE OR FOUR PARAGRAPHS WHY YOU FEEL THAT YOU ARE QUALIFIED FOR THE TYPE OF WORK FOR WHICH YOU ARE APPLYING.



Representations

Please read the following carefully before signing this application form:

I certify that all information I have provided in order to apply for and secure employment with the employer is true, complete and correct.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) cancel further consideration of this application, or (ii) immediately discharge me from the employer's service, whenever it is discovered.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from any and all references (personal and professional), former employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, and I release the employer and such other entities and individuals from any liability for any damages whatsoever that may result from their so doing. I also authorize all references (personal and professional), former employers, public agencies, licensing authorities and educational institutions to release any and all information concerning my background, previous employment, education or any other information they might have, personal or otherwise, with regard to any of the subjects covered by this application, and I release all such parties from any liability for any damages whatsoever that may result from their furnishing such information.

I understand that this application remains current for only 90 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to reapply and fill out a new application.

If I am employed, I understand that my employment will be at-will, and the employer reserves the right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied, oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

I understand that after an offer of employment, and prior to reporting to work, I will be required to submit to a drug screen. I may also be required to submit to a medical review. Depending on company policy and the needs of the assigned job, I may be required to complete a medical history form and may be required to be examined by a medical professional designated by the employer.

Applicant Signature

Date

Please return this application:

DCI
Attn: Human Resources – Recruiting
20 W. 2nd Avenue
Hutchinson, KS 67501
(620) 694-6859 or Fax: (620) 694-6715

Email to: hr@datacenterinc.com

Check us out at www.datacenterinc.com