

DGS-Acquisitions, LLC

Application for Employment

Applications are considered for positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

DGS is an Equal Opportunity Employer

Date:	(Please Print	t)	
Full Legal Name	(5, 1)		(:111)
(last)	(first)		(middle)
Address(street)	(-:4-)	(-4-4-)	(-i 1-)
(street)	(city)	(state)	(zip code)
Prior Address(street)	(city)	(state)	(zip code)
(sireer)	(city)	(state)	(zip code)
Phone: Home	Cell	Alternative Number	pers
E-Mail Address			
A newor I	Every Question to the	Rost of Vour	hility
	• -		· ·
Select your store preference: F	eur Euclid Beaver	Ingersoll Johnsto	on Merle Hay
. Position for which you are ap	plying:	_ Date available for	work:
2. Have you previously been em	inloved with DGS?	_	_
Dates: Pos	sition:	Yes	No
Were you referred by an emp	lovee of DGS?		
Name:	•	Yes	No
Are you at least 18 years of a	ge?		No
· · · · · · · · · · · · · · · · · · ·			
5. Have you been discharged fro	om or forced to resign from a	ny position? \Box	
Where?		Yes	
5. What languages do you speal	k and write fluently?		

	M	lilitary Service		
-		ed Forces?Branch:		
	: nd Skills:			
Special Buties an	Me okins.			
		Education		
Graduated			# of Years	Major or
(Yes or No)	Name of School	Address	Attended Attended	Degree
	High School			
	College			
	Trade School			
	Other			
	Cr	iminal History		
		y to, any crime? (Include felonie er:		
		n of sentence, deferred sentence, Yes No Please explain an		
	er will not necessarily disqualif t of paper if needed. Please lis	y an applicant from employment t any and <u>all</u> convictions.) Attach additi	onal information
N	Nature of Offense	City, State & County	Date	e of Conviction

Employment History

Please note your application will <u>NOT</u> be considered unless <u>every</u> question is answered. You may attach your resume, however, all required information must be written on this form. List the past ten (10) years of employment, stating the reason for any periods of unemployment. Begin with your present employer.

Company Name	Position Held	Dates (Month and Yea	r)
		From:	To:
Company Address	Supervisor's Name	Salary	
		Beginning:	Ending:
City, State, Zip	Describe Duties:		
Phone Number	Reason for Leaving:		
	•		

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		From:	То:
Company Address	Supervisor's Name	Salary	
	•	Beginning:	Ending:
City, State, Zip	Describe Duties:		
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City, State, Zip	Describe Duties:		
Phone Number	Reason for Leaving:		

Emp]	loyment	History –	continued

	e	Position Held			th and Year)	
				From:	To:	<u> </u>
Company Addr	ress	Supervisor's N	lame	Salary Beginning:	Enc	ding:
City, State, Zip		Describe Dutie	es:			
Phone Number		Reason for Lea	aving:			
Company Nam	e	Position Held		Dates (Mon From:	th and Year)	:
Company Addr	ress	Supervisor's N	ame	Salary Beginning:	Enc	ding:
City, State, Zip		Describe Dutie	es:			
Phone Number		Reason for Lea	aving:			
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Sunday	Monday	Tuesday	Wednesday	Thursday	Filday	Saturday
·	Арј	olication St	atement a	nd Certifica	ation	
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