



APPLICATION FOR EMPLOYMENT

THIS APPLICATION WILL BE GIVEN EVERY CONSIDERATION, BUT ITS RECEIPT DOES NOT IMPLY THAT THE APPLICANT WILL BE EMPLOYED.

NAME:

NAME AND ADDRESS (PLEASE PRINT)			TX DL _____	SSN: _____	DATE: / /
LAST	FIRST	MIDDLE	HOME PHONE () -		
PRESENT ADDRESS			WORK PHONE () -		
CITY	STATE	ZIP	MESSAGE PHONE () -		
PREVIOUS ADDRESS			FAX () -		
CITY	STATE	ZIP	E-MAIL		

POSITION INFORMATION					
SCHEDULE DESIRED	<input type="checkbox"/> FULL-TIME	<input type="checkbox"/> PART-TIME	<input type="checkbox"/> TEMPORARY	AVAILABLE TO START:	SALARY REQUIRED:
	<input type="checkbox"/> DAY	<input type="checkbox"/> EVENING	<input type="checkbox"/> SUMMER	HOURS AVAILABLE:	DAYS AVAILABLE:
	<input type="checkbox"/> WEEKEND				
ARE YOU LEGALLY AUTHORIZED TO WORK IN THE U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO			HAVE YOU APPLIED TO DSS, INC. BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHEN?		
<input type="checkbox"/> HOW WERE YOU REFERRED TO DSS, INC.? <input type="checkbox"/> AGENCY <input type="checkbox"/> JOB FAIR <input type="checkbox"/> NEWSPAPER <input type="checkbox"/> SCHOOL <input type="checkbox"/> WALK-IN <input type="checkbox"/> INTERNET <input type="checkbox"/> BY A CURRENT DSS, INC. EMPLOYEE (NAME:) <input type="checkbox"/> I WAS PREVIOUSLY A DSS, INC. EMPLOYEE (DATES: / / - / /)					

EDUCATION					
HIGH SCHOOL	CITY / STATE	MAJOR FIELD OF STUDY	LAST GRADE COMPLETED		GPA
COLLEGE			DEGREE	DATES ATTENDED	GPA
GRADUATE SCHOOL			DEGREE	DATES ATTENDED	GPA
OTHER			CERTIFICATE	DATES ATTENDED	GPA

SPECIAL SKILLS (PROVIDE INFORMATION ONLY IF IT IS RELATED TO THE POSITION SOUGHT) *PLEASE INDICATE LENGTH OF EXPERIENCE	
OFFICE SKILLS	SOFTWARE*
<input type="checkbox"/> TYPING – WPM	<input type="checkbox"/> WORD PROCESSING:
<input type="checkbox"/> 10 KEY BY TOUCH – WPM	
<input type="checkbox"/> DATA ENTRY – KPM	<input type="checkbox"/> SPREADSHEETS:
<input type="checkbox"/> FILING* –	
<input type="checkbox"/> OTHER –	<input type="checkbox"/> DESK TOP PUBLISHING:
	<input type="checkbox"/> OTHER:
WHAT OTHER LANGUAGES DO YOU SPEAK OTHER THAN ENGLISH?	

DSS, INC. IS AN EQUAL OPPORTUNITY EMPLOYER

PROFESSIONAL REFERENCES			
MAY WE CONTACT YOUR PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO - IF NO, WHEN MAY WE CONTACT?			
FOR REFERENCE PURPOSES: IF YOU HAVE EVER USED ANOTHER NAME? <input type="checkbox"/> YES <input type="checkbox"/> NO - PLEASE STATE NAME AND DATES:			AND DATES: / - /
NAME	BUSINESS PHONE	HOME PHONE	HOW DO YOU KNOW THIS PERSON?
	() -	() -	
	() -	() -	
	() -	() -	
	() -	() -	

EMPLOYMENT HISTORY

PLEASE PROVIDE THE FOLLOWING INFORMATION FOR EACH OF YOUR LAST 4 EMPLOYERS OR LAST 10 YEARS OF EMPLOYMENT HISTORY. YOU MAY ATTACH YOUR RESUME, BUT THIS FORM MUST ALSO BE COMPLETED IN ITS ENTIRETY.

CURRENT OR MOST RECENT EMPLOYER: _____
 ADDRESS: _____
 POSITION: _____ HIRE DATE: _____
 SUPERVISOR: _____ TELEPHONE: _____
 HOURLY RATE: _____ OR SALARY RATE: _____
 REASON FOR LEAVING: _____ TERMINATION DATE: _____

EMPLOYER: _____
 ADDRESS, CITY, STATE, ZIP _____
 TELEPHONE: _____ POSITION: _____
 HIRE DATE: _____ TERMINATION DATE: _____ RATE OF PAY _____
 SUPERVISOR'S NAME: _____
 REASON FOR LEAVING: _____

EMPLOYER: _____
 ADDRESS, CITY, STATE, ZIP _____
 TELEPHONE: _____ POSITION: _____
 HIRE DATE: _____ TERMINATION DATE: _____ RATE OF PAY _____
 SUPERVISOR'S NAME: _____
 REASON FOR LEAVING: _____

EMPLOYER: _____
 ADDRESS, CITY, STATE, ZIP _____
 TELEPHONE: _____ POSITION: _____
 HIRE DATE: _____ TERMINATION DATE: _____ RATE OF PAY _____
 SUPERVISOR'S NAME: _____
 REASON FOR LEAVING: _____

EMPLOYER: _____
 ADDRESS, CITY, STATE, ZIP _____
 TELEPHONE: _____ POSITION: _____
 HIRE DATE: _____ TERMINATION DATE: _____ RATE OF PAY _____
 SUPERVISOR'S NAME: _____
 REASON FOR LEAVING: _____

PERIODS OF UNEMPLOYMENT (FOUR-WEEKS OR LONGER)		
BEGINNING DATE FROM	ENDING DATE TO	EXPLANATION:
/ - /	/ - /	
/ - /	/ - /	
/ - /	/ - /	
/ - /	/ - /	

PLEASE WRITE A SHORT PARAGRAPH STATING WHY YOU WANT TO WORK FOR THIS COMPANY. YOU MAY ALSO USE THIS SPACE TO DESCRIBE OTHER SKILLS AND APTITUDES THAT YOU FEEL QUALIFY YOU FOR A POSITION WITH OUR ORGANIZATION. YOU MAY LIST SECURITY AND/OR FIRE EQUIPMENT WITH WHICH YOU HAVE EXPERIENCE.

IMPORTANT AUTHORIZATIONS AND AGREEMENTS:

I AUTHORIZE **DSS, Inc.** TO VERIFY THE ACCURACY OF THE INFORMATION CONTAINED ON THIS APPLICATION AND TO MAKE INQUIRIES REGARDING MY EMPLOYMENT AND/OR EDUCATION FOR THE PURPOSE OF DETERMINING MY SUITABILITY FOR A POSITION WITH **DSS, Inc.**. I UNDERSTAND THAT THE SOCIAL SECURITY NUMBER I HAVE PROVIDED IS SUBJECT TO VERIFICATION.

IN THE EVENT OF MY EMPLOYMENT I WILL FURNISH PROOF OF MY ELIGIBILITY TO WORK IN THE UNITED STATES WITHIN THREE DAYS OF STARTING WORK. I MAY ALSO BE ASKED TO FURNISH PROOF OF EDUCATIONAL ATTAINMENT.

NOTHING IN THIS APPLICATION OR IN ANY HANDBOOK, POLICY, PROCEDURE, OR WORK RULE OF **DSS, Inc.** SHALL CONSTITUTE A CONTRACT OF EMPLOYMENT, EXPRESS OR IMPLIED. THE EMPLOYMENT RELATIONSHIP IS AT WILL AND MAY BE TERMINATED BY THE EMPLOYEE OR **DSS, Inc.** AT ANY TIME, WITH OR WITHOUT CAUSE.

I HEREBY AUTHORIZE ALL PERSONS, EDUCATIONAL INSTITUTIONS, AND EMPLOYERS NAMED IN THIS APPLICATION TO PROVIDE **DSS, Inc.** WITH ANY RELEVANT INFORMATION THAT MAY BE REQUIRED TO ARRIVE AT ANY EMPLOYMENT DECISION.

I CERTIFY THAT ALL STATEMENTS I HAVE MADE IN THIS APPLICATION ARE TRUE AND AGREE THAT ANY MISREPRESENTATION OR OMISSIONS OF FACTS CALLED FOR MAY BE SUFFICIENT CAUSE FOR TERMINATING CONSIDERATION OF MY APPLICATION FOR EMPLOYMENT, OR IMMEDIATE DISMISSAL FROM **DSS, Inc.'s** SERVICE, IF I HAVE BEEN EMPLOYED.

APPLICANT SIGNATURE: _____ **DATE:** ____ / ____ / ____

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PAST PERSONAL CONDUCT

PLEASE LIST BELOW ALL ACTIVITIES OR CONDUCT ON YOUR PART (OTHER THAN TRAFFIC VIOLATIONS) TO WHICH YOU HAVE ENTERED A PLEA OF GUILTY, NO CONTEST, NOLO CONTENDERE OR ANY PLEA OTHER THAN NOT GUILTY. ALSO INCLUDE ANY ACTIVITY OR CONDUCT THAT RESULT IN YOUR BEING FOUND GUILTY, PLACED ON PROBATION, OR GIVEN DEFERRED AJUDICATION. GIVE THE DATE YOU WERE PLACED ON PROBATION, LOCATION, THE NAME OF THE COURT AND NATURE OF EACH ACTIVITY OR CONDUCT.

IF YOU HAVE NOT ENGAGED IN ANY SUCH ACTIVITIES, PLEASE WRITE "NONE". (NOTE: THE ACTIVITIES OR CONDUCT LISTED BELOW WILL NOT CONSTITUTE AN AUTOMATIC BAR TO EMPLOYMENT, BUT MAY DO SO DEPENDING ON THE NATURE OR ACTIVITY OF THE CONDUCT.

SIGNATURE OF APPLICANT: _____ DATE: _____

CONSENT AND ACKNOWLEDGEMENTS

PRE-EMPLOYMENT TESTING NOTICE:

AS PART OF THE COMPANY'S PRE-EMPLOYMENT SELECTION PROCESS, YOU MAY BE ASKED TO COMPLETE A BATTERY OF TESTS. THE SKILLS THAT OUR TESTS EVALUATE ARE RELATED TO ESSENTIAL JOB FUNCTIONS AND ARE REQUIRED BY BUSINESS NECESSITY. THESE TESTS ARE NORMALLY PRESENTED IN WRITTEN FORMAT AND COMPLETED WITHIN A SPECIFIED TIME LIMIT. SATISFACTORY COMPLETION OF THIS TESTING MAY BE A PRE-REQUISITE FOR EMPLOYMENT WITH THE COMPANY. IF YOU REQUIRE AN ALTERNATIVE FORMAT DUE TO DISABILITY, PLEASE ADVISE PRIOR TO THE TESTING APPOINTMENT SO THAT WE CAN PROVIDE REASONABLE ACCOMMODATION.

READ AND AGREED BY: _____ DATE: _____

DRUG SCREEN CONSENT:

BY MY SIGNATURE BELOW, I HEREBY AUTHORIZE THE COMPANY TO CONDUCT, THROUGH ITS DESIGNATED PHYSICIAN & LABORATORY TESTING FACILITY, A DRUG TEST THAT WILL REQUIRE A URINE SAMPLE. I ACKNOWLEDGE THAT THIS TEST IS A CONDITION OF EMPLOYMENT. I CONSENT TO THE RELEASE OF THE TEST RESULTS FROM THE LABORATORY TO MANAGEMENT PERSONNEL AT THE COMPANY.

I ALSO UNDERSTAND THAT THE DRUG TEST IS PERFORMED TO DETERMINE THE PRESENCE OF CERTAIN CONTROLLED SUBSTANCES. I ALSO UNDERSTAND THAT ALL EMPLOYEES OF THE COMPANY ARE SUBJECT TO RANDOM DRUG TESTING AND HEREBY CONSENT TO THE RELEASE OF THE RESULTS OF ANY SUCH TEST FOR WHICH I MAY BE SELECTED DURING MY EMPLOYMENT WITH THE COMPANY.

I FURTHER UNDERSTAND THAT IF I REFUSE TO CONSENT TO SUCH TESTING, OR IF I CONSENT AND THE PERFORMED TEST IS POSITIVE, THE COMPANY WILL NO LONGER CONSIDER MY APPLICATION FOR EMPLOYMENT. I EXPRESSLY RELEASE THIS COMPANY, ITS PARENT, SUBSIDIARIES, AFFILIATES, DIRECTORS, OFFICERS, AGENTS AND EMPLOYEES FROM LIABILITY ARISING FROM ANY CONDUCT, OTHER THAN NEGLIGENCE, RELATED TO ANY DRUG TESTING TO WHICH I HAVE CONSENTED.

I UNDERSTAND THAT I WILL BE ASKED TO SUBMIT TO THE TEST UNDER CERTAIN TIME REQUIREMENTS. THE LOCATION WILL BE SPECIFIED AND PAID FOR BY THE COMPANY. I UNDERSTAND THAT I MUST HAVE GOVERNMENT ISSUED PHOTO ID TO BE SHOWN TO THE TESTING LABORATORY BEFORE ANY TEST CAN BE ADMINISTERED.

READ AND AGREED TO BY: _____ DATE: _____

THE COMPANY IS LICENSED BY THE TEXAS DEPARTMENT OF PUBLIC SAFETY AND/OR THE TEXAS STATE FIRE MARSHAL'S OFFICE.

THE FOLLOWING DOCUMENTATION IS REQUIRED IN ORDER TO PROCESS YOUR APPLICATION:

TEXAS DRIVER'S LICENSE

SOCIAL SECURITY CARD

*COPIES OF THESE DOCUMENTS WILL BE MADE AND AFFIXED TO THIS APPLICATION.

IF YOU ARE CURRENTLY LICENSED BY THE TEXAS DEPARTMENT OF PUBLIC SAFETY AND/OR THE TEXAS STATE FIRE MARSHAL'S OFFICE, A COPY OF THAT LICENSE(S) SHOULD BE AFFIXED.