



P.O. 721420

Byram, MS 39272

Dunn Utility Products, LLC is an equal opportunity employer. The Company does not discriminate on the basis of race, sex, sexual orientation, transgender, gender identity, genetic history, color, religion, creed, gender, marital, national origin, age, disability, veteran or any other legally protected status.

PERSONAL INFORMATION

Name: _____

Current Address: _____
Street City State Zip Code

Length of Time at this Address: _____ Home Phone #: _____ Cell Phone #: _____ Email Address: _____

List all of your residence addresses in the last 3 years. (Use additional paper if necessary.) _____

Applying For: _____ Temporary ___ Part Time ___ Full Time ___ Position

How Did You Find Out About Us? _____ If Employee Referral give name: _____

Salary Requirements: _____ Emergency Contact #: _____

Can you work overtime, nights & weekends? Yes ___ No ___ If not, explain why:

EDUCATION

Circle Highest Grade Completed: 1 2 3 4 5 6 7 8 9 10 11 12 College: 1 2 3 4

List any other formal training: _____

GENERAL INFORMATION

Have you ever been discharged from any job? Yes ___ No ___ If "yes," please identify the employer(s) and describe the circumstances. _____

If you have worked for our Company, give dates, location and reason(s) for leaving. _____

List the names of any relatives working for our Company. _____

Have you ever been convicted of a felony (including a plea of guilty or no contest)? * Yes ___ No ___ If "yes," please explain. _____

* Conviction of a crime will not automatically result in denial of employment. All relevant circumstances will be considered.

EMPLOYMENT HISTORY

Starting with your present or most recent employer, list all previous employers, including summer, part-time, temporary and full-time jobs. All time must be accounted for, including any gaps in employment. Use additional paper if necessary.

Employer **Date**
Name: _____ From: _____ To: _____
Address: _____
City: _____ State _____ Zip _____ Salary/Wage: _____
Describe Position Held: _____
Was this job subject to alcohol & drug testing? __
Contact Person: _____ Phone #: _____ Reason(s) for Leaving: _____

Employer **Date**
Name: _____ From: _____ To: _____
Address: _____
City: _____ State _____ Zip _____ Salary/Wage: _____
Describe Position Held: _____
Was this job subject to alcohol & drug testing? __
Contact Person: _____ Phone #: _____ Reason(s) for Leaving: _____

Employer **Date**
Name: _____ From: _____ To: _____
Address: _____
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Employer

Date

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Address: _____

City: _____ State _____ Zip _____ Salary/Wage: _____

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Employer

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Contact Person: _____ Phone #: _____ Reason for Leaving: _____

Employer

Date

Name: _____ From: _____ To: _____

Address: _____

City: _____ State _____ Zip _____ Salary/Wage: _____

Describe Position Held: _____

Was this job subject to alcohol & drug testing? __

Contact Person: _____ Phone #: _____ Reason(s) for Leaving: _____

SKILLS AND QUALIFICATIONS

List any skills, special training or experience you have that may assist in the performance of your job.

PROFESSIONAL REFERENCES

Provide two references of former employers who are not relatives or personal friends.

Name: _____ Occupation: _____

Address: _____ Phone #: _____

Name: _____ Occupation: _____

Address: _____ Phone #: _____

APPLICANT INFORMATION

I certify that the information which I have provided in this application is true and complete to the best of my knowledge and that I have withheld no information or other response that would, if disclosed, affect this application unfavorably. I understand that any misleading or incorrect statements or responses may render this application void and, if employed, may result in my immediate termination regardless of the point in time at which the misleading or incorrect statement or response was discovered.

I hereby consent to and authorize the Company to use my name, image and likeness in Company sponsored publications, news releases and other public communications.

I agree to submit myself, upon request by the Company, to a physical examination by a physician or laboratory designated by the Company and to testing for the presence of alcohol and other drugs or substances by a physician or laboratory designated by the Company. I understand and agree that any positive test result, or the refusal to submit to such testing, may result in disciplinary action up to and including immediate termination of employment. I acknowledge that the Company reserves the right to inspect all vehicles, packages, cases, clothing, desks and other work spaces or any other item brought on Company property.

I further acknowledge and understand that, if I am employed, the Company has the unilateral right, at any time and for any reason, to make changes in all employment policies, employee benefits, instructions, work rules and procedures with or without notice. I further understand and agree that my employment is at will, is not for any specific term or period of time, and that the Company may take any action concerning my employment, including termination, with or without cause, with or without notice, and without further obligation to me, at the sole and absolute discretion and will of the Company. No person, other than the Chief Executive Officer of the Company, whose agreement must be in a formal writing, has the power or authority to make any oral or written representation contrary to the preceding statements or to enter into any agreement inconsistent with the preceding statements.

Applicant's Signature: _____ Date: _____