

Since 1978

KITCHENS · BATHROOMS

INTERIOR REMODELING

HOME IMPROVEMENTS

## **Employment Application**

|           |                                 | Applicant Inform                 | ation                |                                 |  |
|-----------|---------------------------------|----------------------------------|----------------------|---------------------------------|--|
| Full Nam  | ne:                             |                                  |                      | _ Date:                         |  |
|           | Last                            | First                            | M.I.                 |                                 |  |
| Address   | :                               |                                  |                      | A                               |  |
|           | Street Address                  |                                  |                      | Apartment/Unit #                |  |
|           | City                            |                                  | State                | ZIP Code                        |  |
| Phone:    |                                 | Email:                           |                      |                                 |  |
| Date Ava  | Date Available: Social Security |                                  |                      | Desired Salary:                 |  |
| Position  | Applied for:                    |                                  |                      |                                 |  |
| Are you   | a citizen of the United S       | tates? Yes □ No □ If no, are you | authorized to work i | n the United States: Yes ☐ No ☐ |  |
| Have yo   | u ever applied to this co       | mpany? Yes □ No □ If yes, when?  |                      |                                 |  |
| Do you l  | have a valid PA driver's l      | icense? Yes □ No □ Driver's Lice | ense Number:         |                                 |  |
|           |                                 |                                  |                      |                                 |  |
|           |                                 | Driving Violati                  | ons                  |                                 |  |
| Please li | ist any traffic violation t     | hat you may have received in the | past (3) years.**    |                                 |  |
| Type of   | Violation:                      |                                  |                      | _ Date:                         |  |
| Type of   | Violation:                      |                                  |                      | _ Date:                         |  |
| Type of   | Violation:                      |                                  |                      | _ Date:                         |  |
| Type of   | Violation:                      |                                  |                      | _ Date:                         |  |
| Type of   | Violation:                      |                                  |                      |                                 |  |

\*\*All Danken employees must be able to drive our trucks. If you have driving violations that prohibit our insurance company from insuring you to drive our trucks, may result in your release.

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| Education   |                 |                      |              |                   |  |  |  |
|---|-----------------|----------------------|--------------|-------------------|--|--|--|
|   |                 |                      |              |                   |  |  |  |
| High School:  |                 | Address:             |              |                   |  |  |  |
| From:   | _To:            | Did you graduate? Ye | s 🗆 No 🗆     | Diploma:          |  |  |  |
| College:  |                 | Address:             |              |                   |  |  |  |
| From:   | _To:            | Did you graduate? Ye | s 🗆 No 🗆     | Diploma:          |  |  |  |
| Other:  |                 | Address:             |              |                   |  |  |  |
| From:   | _To:            | Did you graduate? Ye | s 🗆 No 🗆     | Diploma:          |  |  |  |
|   |                 | References           |              |                   |  |  |  |
| Please list two professio   | nal references. |                      |              |                   |  |  |  |
| Full Name:  |                 | Relationship:        |              |                   |  |  |  |
| Company:  |                 | Phone:               |              |                   |  |  |  |
|   |                 |                      |              |                   |  |  |  |
|   |                 |                      |              |                   |  |  |  |
| Full Name:  |                 |                      | _ Relationsh | ip:               |  |  |  |
| Company:  |                 |                      | _ Phon       | e:                |  |  |  |
| Address:  |                 |                      |              |                   |  |  |  |
|   |                 | Previous Employmen   | t            |                   |  |  |  |
| 6   |                 |                      | DI.          |                   |  |  |  |
|   |                 |                      |              | e:                |  |  |  |
| Address:  |                 |                      | _ Superviso  | or:               |  |  |  |
| Job Title:  |                 | Starting Salary: \$  | E            | Inding Salary: \$ |  |  |  |
| Responsibilities:   |                 |                      |              |                   |  |  |  |
| From:   | _ To:           | Reason for Leaving:  |              |                   |  |  |  |
| May we contact your previous Supervisor for a reference: Yes $\square$ No $\square$ |                 |                      |              |                   |  |  |  |

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| Address: Sta  |                        |                         |                          |  |  |  |  |
|---|------------------------|-------------------------|--------------------------|--|--|--|--|
|   | arting Salary: \$      |                         |                          |  |  |  |  |
| Responsibilities:   |                        | Ending Salary           | y: \$                    |  |  |  |  |
|   |                        |                         |                          |  |  |  |  |
| From: To: Re  | eason for Leaving:     |                         |                          |  |  |  |  |
| May we contact your previous Supervisor for a refer   | rence: Yes 🗆 No 🗆      |                         |                          |  |  |  |  |
|   | Military Service       |                         |                          |  |  |  |  |
| Branch:   |                        | From:                   | To:                      |  |  |  |  |
| Rank at Discharge:  | Type of Dischar        | ge:                     |                          |  |  |  |  |
| It other than honorable, explain:   |                        |                         |                          |  |  |  |  |
|   |                        |                         |                          |  |  |  |  |
| P   | hysical Demands        |                         |                          |  |  |  |  |
| Below is a list of physical demands that must be met in an average day of work on the jobsite by all Danken employees (carpenters) to successfully perform the essential functions of their job. Each job site is unique, but these requirements are consistent with what will be required daily. |                        |                         |                          |  |  |  |  |
| <ul> <li>Must be able to lift and carry 50 – 80 lbs.</li> <li>Prolonged periods of walking, standing, bending, kneeling, and climbing ladder</li> <li>Prolonged use of stairs</li> </ul>  |                        |                         |                          |  |  |  |  |
|   |                        | Initial                 | Date                     |  |  |  |  |
| Discl   | aimer and Signatur     | e                       |                          |  |  |  |  |
| I certify that my answers are true and complete to th   | he best of my knowle   | dge.                    |                          |  |  |  |  |
| If this application leads to employment, I understan may result in my release.  | d that false or misled | ading information in my | application or interview |  |  |  |  |
| By Signing this application, I authorize Danken to pe   | rform any needed ba    | ckground checks.        |                          |  |  |  |  |
| Signature:  |                        | Date:                   |                          |  |  |  |  |

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