



**EMPLOYMENT EXPERIENCE** Start with your present or last job.

Dates of Employment Month & Year	Name and Address of Employer	Salary/ Rate Per Hour	Position	Reason for Leaving
From: To:		\$		
From: To:		\$		
From: To:		\$		

**SPECIAL SKILLS, KNOWLEDGE AND ABILITIES**

Summarize any special job-related skills and qualifications acquired from employment or other experience. Exclude anything that may disclose your race, color, religion, or any other status protected by law.

**REFERENCES**

List three individuals whom are not related to you, that are familiar with your work.

Name	Address	Phone Number
		- - or - -
		- - or - -
		- - or - -

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, false or misleading information given in my application or interview(s) may result in discharge. I understand that I am required to abide by the rules and regulations of Den Hartog Industries, Inc. (DHI). Furthermore, I understand that any employment relationship with DHI is of an "at will" nature, which means I understand that if I become employed, I am free to resign at any time and DHI reserves the right to terminate my employment at any time, with or without prior cause and without prior notice. I understand that no representative of DHI has the authority to make any assurance to the contrary.

I give DHI the right to secure all references, records, and additional information about me, if job-related. I hereby release from liability DHI and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**Voluntary Self-Identification:** *DHI is subject to certain government record keeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, DHI invites applicants to voluntarily self-identify their race or ethnicity. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual.*

**Name:** \_\_\_\_\_

**Race/Ethnicity:** \_\_\_\_\_

- Hispanic or Latino**
- White (Not Hispanic or Latino)**
- Black or African American (Not Hispanic or Latino)**
- Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)**
- Asian (Not Hispanic or Latino)**
- American Indian or Alaska Native (Not Hispanic or Latino)**
- Two or More Races (Not Hispanic or Latino)**

**Veteran Status:** \_\_\_\_\_ **Sex:** \_\_\_\_\_

- Veteran**
- Non-Veteran**
- Male**
- Female**