



Dunn Services, Inc.

Employment Application

9827 U.S Highway 183 South
Cuero, TX, 77954
(361) 275-3952 (Office)
(361) 277-9446 (Fax)

Website: www.dunnservices.net

An Equal Opportunity Employer: Applications are considered for all positions without regard to race, color, religion, sex, age 40 or over, national origin, disability, or other protected status under State, Federal, or Local equal opportunity laws.

APPLICANTS MUST SUBMIT A FULLY COMPLETED AND SIGNED APPLICATION TO DUNN SERVICES, INC. INCOMPLETE AND/OR UNSIGNED APPLICATIONS WILL NOT BE CONSIDERED.

In order to gain a better understanding of your background, work history, and qualifications, we ask that you answer all questions completely and to the best of your knowledge. All information submitted is subject to verification. Any false or omitted response may result in disqualification from employment with Dunn Services, Inc. or, if employed, disciplinary action up to and including termination.

INSTRUCTIONS: * Indicates required fields to be completed.

If you print and submit a paper copy of this application to Dunn Services, Inc., please print legibly or type - Use black or blue ink only.

If you are completing this application online you must first download a copy.

APPLICANT INFORMATION

First Name:* Middle: Last Name:*

Mailing Address:*

City:* State:* Zip Code:*

Daytime Phone: Cell Phone:

Alternate Phone: Work Phone (optional):

List any other names used if different from name on this application:

Are you at least 18 years of age? * Yes No

Have you ever been convicted of a felony or subjected to deferred adjudication on a felony charge? * Yes No

For driving-related positions

Do you have a current, valid driver's license? Yes No

Commercial Driver's License? Yes No

If your answer is "Yes", explain in detail, giving dates and nature of offense, name and location of the court, and disposition of the case(s). A conviction may not disqualify you, but a false statement will.

EMPLOYMENT DESIRED

Position Desired:* Salary Desired:* Hourly Weekly Annually

Type of Employment:*

- Full-time Summer
 Part-time Temp

Have you ever worked for Dunn Services, Inc. in the past? Yes No

If so, please provide details, such as dates, position held, and reason(s) for leaving:

Date you are available:

What days are you unable to work?:

If hired, would you have transportation to and from work?:

Are you willing to work weekends and holidays?: Yes No

Yes No

Are you authorized to work in the United States?: Yes No *(Proof of your legal right to work in the United States will be required upon employment.)*

Do you have relatives, friends, or acquaintances working for Dunn Services, Inc.?: Yes No

If yes, state name and relationship:

What prompted you to apply to work for Dunn Services, Inc.?

EDUCATION

High School Graduate?: Yes No If yes, name and location of high school or GED institute.

Type of School	Name and location of school	Dates Attended				Date Graduated	Expected Graduation Date	Hours Completed	Type of Diploma or Degree	Major/Minor Fields Studied
		From		To						
		Mo	Yr	Mo	Yr					
Undergraduate Colleges or Universities	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Graduate Schools	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Technical or Vocational School	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

LICENSE/CERTIFICATION

If a license, certificate, or other authorization is required or related to the position you are applying for, complete the following:

License/Certification	Date Issued	Date Expired/Expires	Issued by & Location (City & State)	License Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Special training/skills/qualifications: List all job-related training or skills you possess and machines or equipment you can operate. Include computer-related areas (hardware/software), earthwork technologies (GPS, laser, etc.), heavy equipment, safety, and any other areas related to the position for which you are applying.

Special Training/Skills/Qualifications

EMPLOYMENT HISTORY

PLEASE NOTE BEFORE COMPLETING THIS SECTION:

- A resume may be submitted; however, the completed application including employment history requested below must be provided in full in order to be considered for employment with Dunn Services, Inc.
- List your history of employment starting with your present or last job.
- Indicate periods of unemployment in excess of ninety (90) days, military service, school, etc.

Name of Employer: <input style="width: 400px;" type="text"/>		Position: <input style="width: 150px;" type="text"/>		
Duties: <input style="width: 800px; height: 30px;" type="text"/>				
Mailing Address: <input style="width: 650px;" type="text"/> <small>(Number, Street, City, State, Zip Code)</small>				
Employer's Phone Number: <input style="width: 100px;" type="text"/>		Supervisor's Name: <input style="width: 150px;" type="text"/>	Supervisor's Job Title: <input style="width: 100px;" type="text"/>	
Start Date	End Date	Starting Salary	Ending Salary	Reason for Leaving
<input style="width: 80px; height: 20px;" type="text"/>	<input style="width: 80px; height: 20px;" type="text"/>	<input style="width: 80px; height: 20px;" type="text"/>	<input style="width: 80px; height: 20px;" type="text"/>	<input style="width: 450px; height: 20px;" type="text"/>
<small>MM/YYYY</small>	<small>MM/YYYY</small>	<input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Annually		

Name of Employer: <input style="width: 400px;" type="text"/>		Position: <input style="width: 150px;" type="text"/>		
Duties: <input style="width: 800px; height: 30px;" type="text"/>				
Mailing Address: <input style="width: 650px;" type="text"/> <small>(Number, Street, City, State, Zip Code)</small>				
Employer's Phone Number: <input style="width: 100px;" type="text"/>		Supervisor's Name: <input style="width: 150px;" type="text"/>	Supervisor's Job Title: <input style="width: 100px;" type="text"/>	
Start Date	End Date	Starting Salary	Ending Salary	Reason for Leaving
<input style="width: 80px; height: 20px;" type="text"/>	<input style="width: 80px; height: 20px;" type="text"/>	<input style="width: 80px; height: 20px;" type="text"/>	<input style="width: 80px; height: 20px;" type="text"/>	<input style="width: 450px; height: 20px;" type="text"/>
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Employer's Phone Number: <input style="width: 100px;" type="text"/>		Supervisor's Name: <input style="width: 150px;" type="text"/>	Supervisor's Job Title: <input style="width: 100px;" type="text"/>	
Start Date	End Date	Starting Salary	Ending Salary	Reason for Leaving
<input style="width: 80px; height: 20px;" type="text"/>	<input style="width: 80px; height: 20px;" type="text"/>	<input style="width: 80px; height: 20px;" type="text"/>	<input style="width: 80px; height: 20px;" type="text"/>	<input style="width: 450px; height: 20px;" type="text"/>
<small>MM/YYYY</small>	<small>MM/YYYY</small>	<input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Annually		

PERSONAL REFERENCES

Please list 3 references who have knowledge of your work, excluding any employers and relatives:

Name	Occupation	Mailing Address <small>(Number, street, city, state, zip code)</small>	Home/Cell Phone	Work Phone

OTHER INFORMATION

Please respond to the following questions. If necessary, please explain any response in the space below.

1. Is there any reason why you cannot get to work on time? Yes No
2. Are you able to maintain regular and predictable attendance? Yes No
3. Have you ever been discharged, fired, or asked to resign from employment due to misconduct? Yes No

In the space below, please clarify or explain any "No" response to question number 2 and any "Yes" response to question numbers 1 and 3:

DISCLAIMER AND ACKNOWLEDGEMENTS

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY AND INDICATE YOUR UNDERSTANDING AND ACCEPTANCE BY SIGNING IN THE SPACE PROVIDED

1. I certify that all the information provided by me in connection with my application, whether on this document or not, is true and complete, and I understand that any misstatement, falsification, or omission of information may be grounds for refusal to hire or, if hired, termination.
2. I understand that as a condition of employment, I will be required to provide legal proof of authorization to work in the U.S.
3. I understand that the State of Texas requires all males who are 18 through 25 and required to register with the Selective Service, to present either proof of registration or exemption from registration upon hire.
4. I understand that some state agencies will check with the Texas Department of Public Safety, the Federal Bureau of Investigation or other organizations, for any criminal history in accordance with applicable statutes.
5. I understand that additional information may be required for submission in the future if you are considered a candidate for employment.
6. I authorize any of the persons or organizations referenced in this application to give you any and all information concerning my previous employment, education, or any other information they might have, personal or otherwise, with regard to any of the subjects covered by this application, and I release all such parties from all liability from any damages which may result from furnishing such information to you.

I have read and understand the above and acknowledge and accept the above:

This application must be signed

SIGN HERE: X _____ Date:*
Signature - Applicant

If you are filling out this application online, you must download this PDF document and click on the "Submit by Email" button below upon completion of the application.

Please visit Adobe's web site on how to sign PDF documents at https://helpx.adobe.com/acrobat/using/fill-and-sign.html#sign_and_initial_form
Applies to: Acrobat 2017 Acrobat DC

Please sign on the signature line using the Acrobat Reader's "Fill and Sign" tool prior to submitting your application by email. Please ensure that the signature is large enough to be readable.