

# Employment Application

EZDOTLLC/MOBILE DRUGGY BUGGY

Position applying for: \_\_\_\_\_

## EMPLOYEE INFORMATION

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

Last

First

Middle

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_ Alternate telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Are you able to perform the essential functions of the position with or without accommodations?

☐ Yes ☐ No

If necessary for the job are you older than:

☐ 16 ☐ 17 ☐ 18 (Check one)

☐ 19 ☐ 20 ☐ 21

I am legally eligible for employment in the U.S.?

☐ Yes ☐ No

I am seeking a permanent position: ☐ Yes ☐ No

**I will be able to report to work**

**\_\_\_\_\_ days after being notified I am hired.**

**If necessary for the job, I am able to:**

Work overtime?

☐ Yes

☐ No

Provide a valid Driver's License?

☐ Yes

☐ No

If so, fill out the following: Issuing state: \_\_\_\_\_

Type: \_\_\_\_\_

Endorsement(s): ☐ Hazardous Material ☐ Passengers

☐ Tankers

☐ Tank with Hazardous Materials

☐ School Bus

☐ Double/Triple trailers

Work the following shifts: (check all that apply)

☐ Any

☐ Day

☐ Night

☐ Swing

☐ Rotating

☐ Split

☐ Graveyard

Other: \_\_\_\_\_

## EMPLOYMENT HISTORY

List most recent employment first. Include summer or temporary jobs. Be sure all your experience or employers related to this job are listed here, in the summary following this section or on an extra sheet of paper if necessary. No more than 10 years history recommended.

|                            |                                |                     |           |
|----------------------------|--------------------------------|---------------------|-----------|
| Employer name and address: | Position title/duties, skills: | Start date:         | End date: |
|                            |                                | Reason for leaving: |           |
| Pay: \$                    |                                |                     |           |
| Per:                       | Supervisor: Telephone:         |                     |           |
| Employer name and address: | Position title/duties, skills: | Start date:         | End date: |
|                            |                                | Reason for leaving: |           |
| Pay: \$                    |                                |                     |           |
| Per:                       | Supervisor: Telephone:         |                     |           |
| Employer name and address: | Position title/duties, skills: | Start date:         | End date: |
|                            |                                | Reason for leaving: |           |
| Pay: \$                    |                                |                     |           |
| Per:                       | Supervisor: Telephone:         |                     |           |
| Employer name and address: | Position title/duties, skills: | Start date:         | End date: |
|                            |                                | Reason for leaving: |           |
| Pay: \$                    |                                |                     |           |
| Per:                       | Supervisor: Telephone:         |                     |           |

Summarize other employment related to this job:

## EDUCATION

|                    | Institution name | Years completed | Field of study | Graduate or degree |
|--------------------|------------------|-----------------|----------------|--------------------|
| High school        |                  |                 |                |                    |
| College/university |                  |                 |                |                    |
| Business/technical |                  |                 |                |                    |
| Additional         |                  |                 |                |                    |

## MILITARY

Are you a veteran? ☐ Yes ☐ No

Duty/specialized training: \_\_\_\_\_

## SKILLS & QUALIFICATIONS

Other qualifications such as special skills, abilities or honors that should be considered:

Types of computers, software, and other equipment you are qualified to operate or repair:

Professional licenses, certifications or registrations:

Additional skills, including supervision skills, other languages or information regarding the career/occupation you wish to bring to the employer's attention:

Typing speed: \_\_\_\_\_ per minute

## REFERENCES

List two personal references who are not relatives or former supervisors.

| Name | Address | Telephone | Occupation | Years known |
|------|---------|-----------|------------|-------------|
| Name | Address | Telephone | Occupation | Years known |

## CONTACT

In case of accident or illness, please contact: Name: \_\_\_\_\_ Daytime phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

## INFORMATION TO THE APPLICANT

As part of our procedure for processing your employment application, your personal and employment references may be checked. If you have misrepresented or omitted any facts on this application, and are subsequently hired, you may be discharged from your job. You may make a written request for information derived from the checking of your references.

If necessary for employment, you may be required to: supply your birth certificate or other proof of authorization to work in the United States, have a physical examination and/or a drug test, or to sign a conflict of interest agreement and abide by its terms. I understand and agree to the information shown above.

Signature of Applicant

Date

**Equal Employment Opportunity:** While many employers are required by federal law to have an Affirmative Action Program, all employers are required to provide equal employment opportunity and may ask your national origin, race and sex for planning and reporting purposes only. This information is optional and failure to provide it will have no affect on your application for employment.

Developed at employer request by the Alaska Department of Labor & Workforce Development, Employment Security Division.

Have you ever been convicted of a crime other than a traffic violation? \_\_\_\_yes \_\_\_\_no

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If yes, please state the nature of the crime(s), when and where convicted and disposition of the case:

(Note: A Conviction will not automatically disqualify you for employment. Each case will be individually considered based on specific facts.)

Are you currently employed? \_\_\_\_yes \_\_\_\_no

If so, may we contact your current employer? \_\_\_\_yes \_\_\_\_no

Do you have any other experience, training, qualifications or skills which you feel make you especially suited to work for EZDOT, LLC/Druggy Buggy? If so, please explain?

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#### ACKNOWLEDGEMENT

Please read carefully. Initial each paragraph, and sign below.

\_\_\_\_\_ I hereby certify that the information contained in this application is true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any misrepresentation, falsification or omission of information on this application or any document used to secure employment shall be grounds for rejection of this application or immediate discharge if I am employed, regardless of the time elapsed before discovery.

\_\_\_\_\_ I hereby authorize EZDOT, LLC/Druggy Buggy to thoroughly investigate the information on my application, my references, work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to EZDOT, LLC/Druggy Buggy all letters, reports, and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release EZDOT, LLC/Druggy Buggy, my former employers and all other persons or entities from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosures.

\_\_\_\_\_ I acknowledge that EZDOT, LLC/Druggy Buggy adheres to a policy of AT-WILL employment which means that each employee and the company each retain the right to terminate the employment relationship and that the Company retains the right to modify an employee's position or compensation at any time, with or without cause or notice. No one other than the President of the company has the authority to make any binding promise or enter into any agreement inconsistent with the Company's at-will policy and any such agreement must be in writing and signed by both the employee and the President of the Company to be effective.

\_\_\_\_\_ I affirm that as part of the function of my job I am able to perform the following functions:

- Repetitive bending and stooping
- Repetitive kneeling
- Frequent twisting
- Regular lifting of weight up to 10 kgs
- Irregular lifting of weights 10-17 kgs
- Reaching and stretching
- Repetitive gripping and handling
- Standing/walking for extended periods
- Work above shoulder height
- Assisted lifting of weights 0-10 lbs

Please provide details below if you have any injuries, illnesses or disabilities of which you are aware and which you believe may prevent you from performing any of the above-mentioned tasks:

(Please note that if you fail to disclose an existing condition, then any future aggravation of your condition arising out of your employment may be disqualified from compensation under applicable Worker’s Compensation legislation.)

Please check which days and hours you are available to work do we can match this to our store needs. Please note, the times listed below are approximate start and finish times. Please select the times closest to your availability.

|           | Morning<br>before 8am | Day 8am-<br>6pm | Afternoon<br>4pm<br>onwards | 6pm-6am | Overnight<br>10pm-6am | On Call for<br>a 24 hour<br>period |
|-----------|-----------------------|-----------------|-----------------------------|---------|-----------------------|------------------------------------|
| Monday    |                       |                 |                             |         |                       |                                    |
| Tuesday   |                       |                 |                             |         |                       |                                    |
| Wednesday |                       |                 |                             |         |                       |                                    |
| Thursday  |                       |                 |                             |         |                       |                                    |
| Friday    |                       |                 |                             |         |                       |                                    |
| Saturday  |                       |                 |                             |         |                       |                                    |
| Sunday    |                       |                 |                             |         |                       |                                    |

Submit Application