

PLEASE PRINT CLEARLY

Danko Emergency Equipment
Employment Application

Today's Date: \_\_\_\_\_

PO Box 218, Snyder, NE 68664-0218
Phone 402-568-2200 – Fax 402-568-2278

Name: \_\_\_\_\_
LAST FIRST M.I.

Current Address: \_\_\_\_\_
STREET
CITY STATE ZIP

Previous Address: \_\_\_\_\_
STREET
CITY STATE ZIP

Home Phone#: \_\_\_\_\_ Cell Phone#: \_\_\_\_\_

If necessary, please contact my [ ] Home [ ] Cell number. Specify time if necessary: \_\_\_\_\_

Referral Source: [ ] Advertisement (Name of paper) \_\_\_\_\_
[ ] Walk-in [ ] Employee [ ] Relative [ ] Other \_\_\_\_\_

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

Have you ever filed an application with us before \_\_\_\_\_ If yes, give date \_\_\_\_\_ [ ] Yes [ ] No

What date can you start? \_\_\_\_\_ What category would you prefer? [ ] Full-time [ ] Part-time [ ] Temporary

If you are under 18 years of age, can you provide required proof of your eligibility to work? ..... [ ] n/a [ ] Yes [ ] No

Are you prevented for lawfully becoming employed in this country because of Visa or Immigration Status? ..... [ ] Yes [ ] No
Proof of citizenship or immigration status will be required upon employment.

Are you currently on "layoff" status and subject to recall? ..... [ ] Yes [ ] No

Can you travel if a job requires it? ..... [ ] Yes [ ] No Will you relocate if job requires it? ..... [ ] Yes [ ] No

Are you able to meet the attendance requirements of the position? ..... [ ] Yes [ ] No

Will you work overtime if required? ..... [ ] Yes [ ] No
If no, please explain \_\_\_\_\_

Have you been convicted of a felony within the last 7 years? ..... [ ] Yes [ ] No
If yes, please explain \_\_\_\_\_
Conviction will not necessarily disqualify an applicant from employment. Each instance and explanation will be considered in relation to the position for which you are applying.

Do you have a valid driver's license? ..... [ ] Yes [ ] No
Name on license \_\_\_\_\_ DL# \_\_\_\_\_ Classification \_\_\_\_\_ State of issue \_\_\_\_\_

Have you had any motor vehicle accident or a moving violation in the past 3 years? ..... [ ] Yes [ ] No
If yes, please explain \_\_\_\_\_

Do you have up-to-date computer skills? ..... [ ] Yes [ ] No

SPECIAL SKILLS AND QUALIFICATIONS \_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

Continued on other side . . . . .

We are an Equal Opportunity and E-Verify Employer.

*Previous Employers*

Please Note. Your application will not be considered unless every question in this section is answered. Since we will make every effort to contact previous employees, the correct telephone numbers of past employers are critical. Ask for a phone book or call information if necessary

**Most Recent Employer**       Yes    No    Are you currently working for this employer?  
 Yes    No    If yes, may we contact?

COMPANY NAME	CITY	STATE	PHONE#
DATE EMPLOYED - FROM / TO	JOB TITLE	SUPERVISOR NAME	
DUTIES PERFORMED			
STARTING SALARY - PER: HOUR, WEEK OR MONTH	FINAL SALARY - PER: HOUR, WEEK OR MONTH	REASON FOR LEAVING	

*Second Most Recent Employer*

COMPANY NAME	CITY	STATE	PHONE#
DATE EMPLOYED - FROM / TO	JOB TITLE	SUPERVISOR NAME	
DUTIES PERFORMED			
STARTING SALARY - PER: HOUR, WEEK OR MONTH	FINAL SALARY - PER: HOUR, WEEK OR MONTH	REASON FOR LEAVING	

*Third Most Recent Employer*

COMPANY NAME	CITY	STATE	PHONE#
DATE EMPLOYED - FROM / TO	JOB TITLE	SUPERVISOR NAME	
DUTIES PERFORMED			
STARTING SALARY - PER: HOUR, WEEK OR MONTH	FINAL SALARY - PER: HOUR, WEEK OR MONTH	REASON FOR LEAVING	

*References*    Include only individuals familiar with your work ability. Do not include relatives.

NAME	ADDRESS	PHONE#	YEARS KNOWN/RELATIONSHIP
NAME	ADDRESS	PHONE#	YEARS KNOWN/RELATIONSHIP

*Education*

HIGH SCHOOL	CITY / STATE	COURSE STUDY	YEARS COMPLETED
COLLEGE	CITY / STATE	COURSE STUDY	YEARS COMPLETED
OTHER	CITY / STATE	COURSE STUDY	YEARS COMPLETED

**CERTIFICATION AND RELEASE** - / certify that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions or misrepresentations of facts called for in this application, whether on this document or not, may result in rejections of my application or discharge at any time during my employment. I authorize the company and / or its agents, including consumer-reporting bureaus, to verify any of this information. I authorize all former employers, persons, schools, companies and law enforcement authorities to release any information concerning my background and hereby release any said persons schools, companies and law enforcement authorities from any liability for any damage whatsoever for issuing this information. I also understand that use of illegal drugs is prohibited during employment. If Company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.

Signature \_\_\_\_\_ Date \_\_\_\_\_

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