



List Degrees Obtained

EMPLOYMENT

Job applied for: _____ Salary desired: _____

Have you ever applied here before? _____ When? _____

Have you ever worked for Team Daniel before? _____ When? _____
 If yes, give the name(s) if different from the one given on this application _____

Are you available to work any shift? _____ Any day of the week? _____

If not, for what shifts and days are you available? _____

When could you report for work? _____

WORK HISTORY

From (mo/yr)	Company	Telephone AREA	Starting Salary
To (mo/yr)	Address	City	State Zip
Supervisor's Name/Title	Type of Business	If this is your current employer, may we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Your Position/Title	Responsibilities/Duties		
Specific Reason for Leaving			

From (mo/yr)	Company	Telephone AREA	Starting Salary
To (mo/yr)	Address	City	State Zip
Supervisor's Name/Title	Type of Business	If this is your current employer, may we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Your Position/Title	Responsibilities/Duties		
Specific Reason for Leaving			



From (mo/yr)	Company	Telephone AREA	Starting Salary \$ _____ per
To (mo/yr)	Address City	State Zip	Final Salary \$ _____ per
Supervisor's Name/Title		Type of Business	If this is your current employer, may we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Your Position/Title		Responsibilities/Duties	
Specific Reason for Leaving			

RELATIVES IN OUR EMPLOYMENT

Name	Relationship	Name	Relationship

MILITARY

Branch of Service: _____

Duties in the service, including schools and training: _____

SPECIAL SKILLS

What knowledge, special technical or computer skills, and/or other qualifications have you acquired from employment or other experience? Include any specific equipment that you can proficiently operate.

Team Daniel Foundation

List any first aid or emergency response training for which you are currently certified (give date of certification):

REFERENCES

Give three references who are not relatives or former employers.

Name	Occupation	Years Known	Phone	Address

AFFIDAVIT

I authorize, without liability, investigation of all statements in this application.

I authorize all schools which I attended and all previous employers to furnish to Team Daniel my record, reason for leaving and all information they may have concerning me, and hereby release them and Team Daniel from all liability for any damage whatsoever arising there from.

Team Daniel Foundation

I authorize my neighbors, friends or others with whom I am acquainted or who are acquainted with me to furnish Team Daniel with information used in connection with the evaluation of my qualifications as a prospective employee. I release such persons and organizations from any legal liability in making such statements.

I understand that in the event of my employment by Team Daniel, it shall be sufficient cause for dismissal if any of the information I have given in this application is false or if I have failed to give any information herein requested. I understand that proof of identity and work authorization will be required upon employment in accordance with federal regulations. I give Team Daniel consent to mail, email, or fax my PII (Personally Identifying Information) as it relates to the hiring process and employment. In the event of my employment by Team Daniel, I agree to abide by all present and subsequently issued rules of Team Daniel.

Are you related to any Team Daniel participants? _____ YES _____ NO

Do you live at the same residence as any Team Daniel participants? _____ YES _____ NO

Signature: _____

Date: _____