



**D&S RESIDENTIAL SERVICES, LP**  
**An Equal Opportunity Employer**  
**EMPLOYMENT APPLICATION**

**PERSONAL INFORMATION**

NAME (LAST, FIRST, MI)		SOCIAL SECURITY NUMBER	
PRESENT ADDRESS		CITY/STATE/ZIP	
PERMANENT ADDRESS (IF DIFFERENT THAN PRESENT)		CITY/STATE/ZIP	
TELEPHONE - HOME	TELEPHONE - CELL	EMAIL ADDRESS	ARE YOU 18 YEARS OR OLDER?

**DESIRED EMPLOYMENT**

POSITION:	SCHEDULE:	DATE YOU CAN START	SALARY DESIRED
ARE YOU EMPLOYED NOW?		IF SO MAY WE CONTACT YOUR PRESENT EMPLOYER?	
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	
EVER APPLIED WITH THIS COMPANY BEFORE?		WHERE?	WHEN?
<input type="checkbox"/> YES <input type="checkbox"/> NO			
EVER WORKED FOR THIS COMPANY BEFORE?		WHERE?	WHEN?
<input type="checkbox"/> YES <input type="checkbox"/> NO			
ARE YOU RELATED TO OR DO YOU HAVE A CURRENT RELATIONSHIP OR ACQUAINTANCE WITH ANOTHER COMPANY EMPLOYEE?			
<input type="checkbox"/> YES <input type="checkbox"/> NO		PLEASE EXPLAIN:	
REASON FOR LEAVING			

**EDUCATION**

SCHOOL LEVEL	NAME AND LOCATION OF SCHOOL	YRS ATTENDED	DID YOU GRADUATE	SUBJECTS STUDIED
GRAMMAR				
GED				
HIGH SCHOOL				
COLLEGE				
OTHER				

**GENERAL**

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK
SPECIAL TRAINING
SPECIAL SKILLS

**FORMER EMPLOYERS**

LIST BELOW LAST THREE EMPLOYERS, STARTING WITH THE MOST RECENT

NAME OF PRESENT OR LAST EMPLOYER		
ADDRESS	CITY/STATE/ZIP CODE	TELEPHONE #
STARTING DATE	ENDING DATE	JOB TITLE
STARTING SALARY	ENDING SALARY	MAY WE CONTACT YOUR SUPERVISOR
NAME OF SUPERVISOR	TITLE	
DESCRIPTION OF WORK		
REASON FOR LEAVING		

NAME OF PREVIOUS EMPLOYER		
ADDRESS	CITY/STATE/ZIP CODE	TELEPHONE #
STARTING DATE	ENDING DATE	JOB TITLE
STARTING SALARY	ENDING SALARY	MAY WE CONTACT YOUR SUPERVISOR
NAME OF SUPERVISOR	TITLE	
DESCRIPTION OF WORK		
REASON FOR LEAVING		

NAME OF PREVIOUS EMPLOYER		
ADDRESS	CITY/STATE/ZIP CODE	TELEPHONE #
STARTING DATE	ENDING DATE	JOB TITLE
STARTING SALARY	ENDING SALARY	MAY WE CONTACT YOUR SUPERVISOR
NAME OF SUPERVISOR	TITLE	
DESCRIPTION OF WORK		
REASON FOR LEAVING		

**REFERENCES**

BELOW GIVE THE NAMES OF THREE PEOPLE YOU ARE NOT RELATED TO , WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

NAME	ADDRESS	BUSINESS	TELEPHONE	YEARS KNOWN

**SERVICE RECORD**

BRANCH OF SERVICE	DISCHARGE DATE AND RANK

HAVE YOU BEEN CONFIRMED FOR AN ALLEGATION OF ABUSE, NEGLECT AND/OR EXPLOITATION OF A CONSUMER?  
\_\_\_\_\_ YES \_\_\_\_\_ NO

IF YES, PLEASE EXPLAIN

HAVE YOU BEEN CONVICTED OF A FELONY WITHIN THE LAST 5 YEARS? \_\_\_\_\_ YES \_\_\_\_\_ NO

IF YES, PLEASE EXPLAIN

**AUTHORIZATION**

I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR IMMEDIATE TERMINATION OF EMPLOYMENT. I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES AND EMPLOYERS LISTED ABOVE TO GIVE D&S RESIDENTIAL SERVICES, LP AND ITS EMPLOYEES AND/OR AGENTS ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE, AND TO RELEASE THE COMPANY FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM UTILIZATION OF SUCH INFORMATION. I ALSO UNDERSTAND AND AGREE THAT NO REPRESENTATIVE OF THE COMPANY HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OF TIME OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING UNLESS IT IS IN WRITING AND SIGNED BY AN AUTHORIZED COMPANY REPRESENTATIVE.

EMPLOYMENT WITH D&S RESIDENTIAL SERVICES, LP CONSTITUTES AN AT-WILL EMPLOYMENT RELATIONSHIP. THE EMPLOYEE OR D&S RESIDENTIAL SERVICES, LP MAY TERMINATE THIS RELATIONSHIP AT ANY TIME, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT ADVANCE NOTICE.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
APPLICANT'S SIGNATURE