



Value Added Solutions



**DOOR SPECIALTIES**  
4410 Steele Street  
Denver, CO 80216 USA

(303) 292-5080 (877) 724-44  
(303) 292-5088 fax  
ds@door-specialties.com

## APPLICATION FOR EMPLOYMENT

Prospective employees will receive consideration without discrimination based on race, creed, color, sex, age, national origin, handicap, veteran status or any condition prescribed by state or local law.

Personal	Name: Last First Middle Initial			Date
	Address: Number & Street		Apt #	Phone Number: Home
	City		State	Zip Code
	Have you ever applied for employment with us? ___Yes ___No If Yes: Month and Year _____ Location _____			Phone Number: Business
	How did you hear about Door Specialties?			Phone Number: Mobile/other
	Position Desired			Email Address
	Apart from absence for religious observance, are you available for full-time work? ___Yes ___No If not, what hours can you work? _____			Social Security #
	Are you legally eligible for employment in the United States?			Pay Expected
	Have you been convicted of any crimes in the past ten years, which have not been annulled, expunged or sealed by a court? ___Yes ___No If Yes, describe in full.			Will you work overtime if asked?
	Other special training or skills (languages, machine operation, etc.)			When will you be available to begin work?
Colorado Driver's License # :			Have you ever been bonded? ___Yes ___No If Yes, with what employers?	
<p style="text-align: center;">To expedite the processing of your application and ensure compliance with insurance requirements, a recent copy of your Motor Vehicle report is required. Sign here to authorize Door Specialties to obtain this information.</p>				
Signature: _____			Date: _____	

Education	School	Name and Location of School	Course of Study	No. of Years Completed	Did you Graduate?	Degree or Diploma
	Graduate School				___ Yes ___ No	
	College				___ Yes ___ No	
	Business/ Trade/ Technical				___ Yes ___ No	
	High School				___ Yes ___ No	

# EMPLOYMENT

Please give accurate, complete full-time and part-time employment record. Start with your present or most recent employer.

<b>1</b>	Company Name	Phone
	Address	Employed (Month and Year) From _____ To _____
	Name of Supervisor	Compensation Start _____ Last _____
	Job Title and description of your work	Reason for leaving

<b>2</b>	Company Name	Phone
	Address	Employed (Month and Year) From _____ To _____
	Name of Supervisor	Compensation Start _____ Last _____
	Job Title and description of your work	Reason for leaving

<b>3</b>	Company Name	Phone
	Address	Employed (Month and Year) From _____ To _____
	Name of Supervisor	Compensation Start _____ Last _____
	Job Title and description of your work	Reason for leaving

<b>4</b>	Company Name	Phone
	Address	Employed (Month and Year) From _____ To _____
	Name of Supervisor	Compensation Start _____ Last _____
	Job Title and description of your work	Reason for leaving

We may contact the employers listed above unless you indicate those you do not want us to contact.	<b>DO NOT CONTACT</b>
Employer Number(s) _____ Reason _____ _____	

<b>Military</b>	Did you serve in the U.S. Armed Forces? ____ Yes ____ No	If Yes, what Branch?
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Describe any training received relevant to the position for which you are applying.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Additional Information

Membership in professional and civic organizations, special accomplishments, awards, etc.  
(Exclude those which may disclose your race, color, religion, age or national origin.)


### Applicant's Signature

**Please read and understand this statement before signing your application:**

The information I have provided in this Application for Employment is true, correct and complete. False, incomplete or misrepresented information of any kind, will be sufficient cause for my application to be rejected or, if discovered after I am employed, cause for immediate termination of my employment.

I authorize the employer to conduct a background check and to contact and obtain information about me from previous employers, educational institutions and "references" I provided, and any other party necessary to verify the accuracy of information I disclosed in this application, a related employment resume or a personal interview. To assist in the processing of my Application, I waive all rights and claims I may otherwise have against the employer or its representatives, for seeking, and using information to evaluate my employment request and all other persons, corporations or organizations who provide information for this purpose.

This application will expire in 30 days. After that date, unless otherwise notified, I understand that my status as an applicant will end. I may re-apply for employment in the future by completing a new application.

This application is not an employment agreement. If I accept an offer of employment I understand the employer may terminate my employment at any time, with or without cause and without prior notice, unless required by law. I understand that no one, other than an executive officer of the employer, has authority to enter into any employment agreement with terms contrary to the foregoing and then only in writing signed by such officer.

**I fully understand and accept all terms and conditions in the above statement.**

**Date:**

**Signature:**

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**For Employer's Use Only**

Reference Check	Employer	Person Contacted	Results
	1		
	2		
	3		
	4		

  

Test Results	Tests Administered	Raw Score/ Rating	Analysis and Comments
		____/____	
		____/____	
		____/____	
		____/____	

  

Interview Results	Interviewer Name and Comments	