



Application for Employment

An Equal Opportunity Employer

Name: _____ Date: _____

EMPLOYMENT APPLICATION

It is the policy of Donovan Technical Staffing (DTS), and any affiliates, to afford equal opportunity to all employees and applicants for employment regardless of race, religion, national origin, sex, age, handicap, marital status or status as a disabled veteran.

You may attach to this application additional information that you feel will be helpful in evaluating your qualifications. This application (and accompanying resume and/or other accompanying documents, if any) will become part of your personnel file should be employed by Donovan Technical Staffing.

PERSONAL

Last Name: _____ First Name: _____ MI: _____

Address: _____ City: _____ State: _____ Zip: _____

Are you 18 or older: Yes _____ No _____

Home Telephone: _____ Cell Telephone: _____

Work Telephone: _____ Email: _____

Are you a U.S. citizen or eligible for employment in the United States? Yes _____ No _____

POSITION DESIRED

Type of position desired: _____ Salary/Hourly Rate Desired: _____

Geographic Location: _____

How were you referred to DTS? Walk In _____ Ad _____ Internet _____ Employee _____ Agency _____

Please provide Source if advertisement or agency, or Name if employee. _____

When would you be able to begin employment with DTS? _____

Have you ever worked for DTS before? Yes _____ No _____ Location _____ Date _____

Are you in any way restricted from future employment by an agreement with or an obligation to your current or former employer (such as a "non-compete" agreement or restrictive covenant)?

Yes _____ No _____

If "Yes", please explain:

EDUCATION AND TRAINING

School Name & Location	Dates Attended	Highest Grade Completed
1)		
2)		
3)		
4)		
5)		

EMPLOYMENT HISTORY

List part-time, summer, volunteer, or temporary employment under "Additional Employment" section below. List present or last employer first.

Company Name: _____ From: _____ To: _____
 Job Title: _____
 Street Address: _____
 City: _____ State: _____ Zip: _____
 Phone Number: _____
 Supervisor's Name: _____ Phone: _____
 Reason for leaving: _____

Company Name: _____ From: _____ To: _____
 Job Title: _____
 Street Address: _____
 City: _____ State: _____ Zip: _____
 Phone Number: _____
 Supervisor's Name: _____ Phone: _____
 Reason for leaving: _____

Company Name: _____ From: _____ To: _____
 Job Title: _____
 Street Address: _____
 City: _____ State: _____ Zip: _____
 Phone Number: _____
 Supervisor's Name: _____ Phone: _____
 Reason for leaving: _____

ADDITIONAL EMPLOYMENT (Include graduate assistantships and temporary, part-time, and summer employment) NOTE: Applicants are encouraged to include verifiable prior work experience that was performed on a volunteer basis.

Name and Address of Employer	Dates	Job Title
1) 2) 3) 4)		

EMPLOYMENT REFERENCES

Please list three persons whom we can contact who are able to evaluate your professional knowledge and ability.

Name: _____ Title: _____
 Company: _____ Address: _____
 Phone: _____ Email: _____

Name: _____ Title: _____
 Company: _____ Address: _____
 Phone: _____ Email: _____

Name: _____ Title: _____
 Company: _____ Address: _____
 Phone: _____ Email: _____

VOLUNTARY AFFIRMATIVE ACTION SURVEY

DTS is a full-service staffing agency. You are invited to voluntarily provide the information requested below. Your cooperation in furnishing the information requested will facilitate our compliance with federal and state record keeping and reporting requirements, as well as assist us in monitoring the progress of our Affirmative Action programs. Failure to provide this information will not jeopardize or adversely affect any consideration of your application or future advancement in employment if you become employed.

Applicants considered for positions, and employees during employment, are treated without regard to race, color, or national origin or gender. Please be advised that this data is collected for the purpose of reporting requirements only.

This survey information will be kept confidential. An employment representative will gladly answer any questions you may have. Thank you for your cooperation.

Please select ONE response from each column:

Gender: Racial/Ethnic Origin:

- | | |
|----------------------------------|--|
| <input type="checkbox"/> Male | <input type="checkbox"/> White/Caucasian (not of Hispanic origin): Persons having origins any of the original peoples of Europe, North Africa, or the Middle East who is not of Hispanic origin. |
| <input type="checkbox"/> Female | <input type="checkbox"/> Black/African American(not of Hispanic origin): Persons having origins in any of the Black groups of Africa who is not of Hispanic origin. |
| <input type="checkbox"/> Decline | <input type="checkbox"/> Hispanic: Persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race. |
| | <input type="checkbox"/> American Indian/Alaskan Native: Persons having origins in any of the original peoples of North America and who maintain cultural identification through tribal affiliation or community recognition. |
| | <input type="checkbox"/> Asian/Pacific Islander (including persons having origins in the Indian subcontinent): Persons having origins in any of the original peoples of the Far East, Southeast, Asia, the Indian Subcontinent, or the Pacific Islands. The area includes, for example: China, Japan, Korea, India, the Philippine Islands, and Samoa. |
| | <input type="checkbox"/> Decline to Disclose |



Please Read Carefully

Employee Agrees:(When employed by DTS)

1. He/She will fill out an Donovan Technical Staffing, Inc. (DTS) time card at the end of the week, printed in ink and signed by an authorized client supervisor. Time cards must be faxed by 1:00 p.m. on Monday to (781) 723-5800 and mailed immediately so paychecks can be processed.

1. Each DTS employee must observe assigned hours of Client Company. I will call client supervisor if I am unable to work.

1. A minimum of two (2) weeks must be given to DTS if I decide to terminate my employment. Termination with DTS automatically nullifies this agreement except for Paragraph 4 which shall remain in force for six (6) months after termination.

1. I shall not accept direct or temporary employment at (Client Company) for a period of six (6) months after termination of employment with DTS without DTS' written consent.

1. I shall not receive compensation for lost time due to weather conditions unless Client Company arranges make-up time.

1. I must report to the management of DTS any harassment, injury or accident or related problems that I receive on Client Company premises within twenty-four (24) hours of said occurrence.

1. In consideration of my wage payments by DTS, I assign to DTS any and all bankruptcy priority, which attaches to such wages against the customer with which I am working. My compliance with this request in no way affects my wage payments.

8. I agree that my employment is with Donovan Technical Staffing, Inc., and with not the Client Company.

9. I understand and agree that the hourly rate I am being paid includes additional direct pay as compensation in lieu of any fringe benefits.

I hereby certify that the answers that I have provided are complete and accurate to the best of my recollection and knowledge. I acknowledge and agree that I will abide by any applicable post-government employment conflicts of interest restrictions that may apply to any services that I may perform on behalf of DTS. I also acknowledge that DTS is specifically relying on the veracity of my answers and agree that any false or misleading answer may be a cause for disciplinary action up to, and including, termination of employment if I am offered and accept a position with DTS, or cancellation of any consulting agreement.

Signature: _____ Date: _____