



Application For Employment

INSTRUCTIONS TO APPLICANT: If you need help completing this application or during any part of the application process, please notify the person that gave you this application and every effort will be made to help accommodate your needs in a reasonable amount of time. Print **CLEARLY** and complete **ALL** sections of the application form. Incomplete or illegible applications will **NOT** be processed. All applications will be kept on file for 90 days.

NOTE TO APPLICANT: Data Center Incorporated (DCI) is proud to be an Equal Opportunity Employer. All qualified applicants will receive consideration without discrimination because of sex, familial status, race, age, religion, national origin, military status, disability, or other classification protected by applicable law. This application form will be used for evaluating your qualifications for employment. Information provided on this form (and during any other part of the application process) must be accurate and complete. Providing false or misleading information on the application or during an interview may result in termination of the application process, or if discovered after an offer is made, termination of the employment relationship. To be considered for employment with DCI, all individuals must consent to and successfully pass a drug screen and background check, including criminal, credit, and driving records. This form is not an employment contract.

Applicant Information

<i>NAME</i>	<i>LAST</i>	<i>FIRST</i>	<i>MIDDLE</i>	<i>HOME PHONE</i>
<i>STREET ADDRESS</i>				<i>ALTERNATE PHONE NUMBER</i>
<i>CITY</i>	<i>STATE</i>		<i>ZIP</i>	<i>YEARS AT THIS ADDRESS</i>
<i>IF LESS THAN ONE YEAR AT CURRENT ADDRESS, PREVIOUS ADDRESS</i>				<i>YEARS AT THIS ADDRESS</i>
<i>E-MAIL ADDRESS</i>				<i>ARE YOU OVER 18 YEARS OF AGE?</i> YES <input type="checkbox"/> NO <input type="checkbox"/>

<i>POSITION OR TYPE OF WORK DESIRED?</i>	<i>DATE AVAILABLE FOR WORK</i>	<i>RATE OF PAY EXPECTED (SPECIFY HOURLY, MONTHLY, OR ANNUALLY)</i>		
<i>HAVE YOU APPLIED WITH DCI BEFORE? IF SO, WHEN & WHERE?</i> <input type="checkbox"/> YES <input type="checkbox"/> NO	<i>WHAT HOURS WILL YOU WORK?</i>	<i>CHECK ONE</i> <input type="checkbox"/> FT <input type="checkbox"/> PT	<i>WILL YOU WORK OVERTIME?</i> <input type="checkbox"/> YES <input type="checkbox"/> NO	
<i>ARE YOU LEGALLY EMPLOYABLE IN THE UNITED STATES?</i> YES <input type="checkbox"/> NO <input type="checkbox"/>			<i>HOW WERE YOU REFERRED TO US?</i>	
<i>HAVE YOU EVER BEEN CONVICTED OF A FELONY?</i> YES <input type="checkbox"/> NO <input type="checkbox"/>				
<i>IF YES, IDENTIFY DATE, OFFENSE, AND ANY OTHER RELEVANT CIRCUMSTANCES:</i>				
<i>NOTE – AN AFFIRMATIVE ANSWER WILL NOT AUTOMATICALLY DISQUALIFY YOU FROM BEING CONSIDERED AS A CANDIDATE FOR EMPLOYMENT. FACTORS SUCH AS DATE, SERIOUSNESS, AND NATURE OF THE CONVICTION, REHABILITATION, AND THE POSITION SOUGHT WILL BE CONSIDERED.</i>				

Education

	SCHOOL NAME & LOCATION	COURSE OR SUBJECT	# OF YEARS ATTENDED	DID YOU GRADUATE?	DEGREE
<i>HIGH SCHOOL</i>				<input type="checkbox"/> YES <input type="checkbox"/> NO	
<i>COLLEGE OR UNIVERSITY</i>				<input type="checkbox"/> YES <input type="checkbox"/> NO	
<i>OTHER</i>				<input type="checkbox"/> YES <input type="checkbox"/> NO	

Work Experience

PLEASE LIST YOUR PRESENT AND/OR PREVIOUS EMPLOYERS, BEGINNING WITH YOUR CURRENT OR MOST RECENT EMPLOYER. PLEASE GIVE ACCURATE AND COMPLETE INFORMATION AND BE SURE TELEPHONE NUMBERS ARE CORRECT FOR VERIFICATION PURPOSES. **YOU MUST COMPLETE THIS SECTION EVEN IF YOU ATTACH A RESUME.**

EMPLOYER #1	FROM :	TO:	RATE OF PAY PER <input type="checkbox"/> HOUR <input type="checkbox"/> MONTH <input type="checkbox"/> YEAR
ADDRESS	JOB TITLE		DUTIES:
CITY STATE	SUPERVISOR		
TELEPHONE	REASON FOR LEAVING		

EMPLOYER #2	FROM :	TO:	RATE OF PAY PER <input type="checkbox"/> HOUR <input type="checkbox"/> MONTH <input type="checkbox"/> YEAR
ADDRESS	JOB TITLE		DUTIES:
CITY STATE	SUPERVISOR		
TELEPHONE	REASON FOR LEAVING		

EMPLOYER #3	FROM :	TO:	RATE OF PAY PER <input type="checkbox"/> HOUR <input type="checkbox"/> MONTH <input type="checkbox"/> YEAR
ADDRESS	JOB TITLE		DUTIES:
CITY STATE	SUPERVISOR		
TELEPHONE	REASON FOR LEAVING		

EMPLOYER #4	FROM :	TO:	RATE OF PAY PER <input type="checkbox"/> HOUR <input type="checkbox"/> MONTH <input type="checkbox"/> YEAR
ADDRESS	JOB TITLE		DUTIES:
CITY STATE	SUPERVISOR		
TELEPHONE	REASON FOR LEAVING		

EMPLOYER #5	FROM :	TO:	RATE OF PAY PER <input type="checkbox"/> HOUR <input type="checkbox"/> MONTH <input type="checkbox"/> YEAR
ADDRESS	JOB TITLE		DUTIES:
CITY STATE	SUPERVISOR		
TELEPHONE	REASON FOR LEAVING		

MAY WE CONTACT YOUR PRESENT EMPLOYER FOR REFERENCES? Yes No

Other

PLEASE INDICATE SKILLS AT WHICH YOU ARE PROFICIENT. (MARK ALL THAT APPLY)

- 10-KEY (BY TOUCH)
- 10-KEY (BY SIGHT)
- DATA ENTRY
- TYPING
- FILING

- WINDOWS-BASED APPLICATIONS:
- WORD PROCESSING
- SPREADSHEETS
- DATABASES
- DESK-TOP PUBLISHING

- OTHER COMPUTER SKILLS: (LIST)

LIST ANY OTHER JOB-RELATED SKILLS OR QUALIFICATIONS.

ARE YOU CURRENTLY SERVING (OR HAVE YOU EVER SERVED) IN THE U. S. ARMED FORCES?

Yes

No

IF YES, PLEASE IDENTIFY THE BRANCH OF SERVICE AND YOUR CURRENT OR MOST RECENT RANK.

LIST THREE PEOPLE OTHER THAN RELATIVES AND PREVIOUS SUPERVISORS LISTED ON THIS APPLICATION WHO KNOW OF YOUR QUALIFICATIONS FOR THE POSITION FOR WHICH YOU ARE APPLYING.

NAME	ADDRESS	PHONE NUMBER	PROFESSIONAL RELATIONSHIP	YEARS KNOWN

PLEASE DESCRIBE IN THREE OR FOUR PARAGRAPHS WHY YOU FEEL THAT YOU ARE QUALIFIED FOR THE TYPE OF WORK FOR WHICH YOU ARE APPLYING.



Employment at Will

DCI is an "at-will" employer. This means that both parties, DCI or the employee, have the right to terminate employment at any time with or without cause or justification and with or without notice.

Certification and Release

I have read and understand the applicant note at the beginning of this application form. The statements made by me and written on this application form are complete and true to the best of my knowledge. I understand that any false information, omissions, or misrepresentations of facts in this application may result in the rejection of the application or termination at any time during my employment. I authorize DCI to verify the information on this application. I am willing to submit to a drug screen and medical review after receiving a conditional offer of employment. I understand that accepting an offer of employment does not create a contractual obligation upon DCI to continue to employ me in the future, as is indicated by the nature of employment "at-will." I understand that no representative of DCI has the authority to make any assurances otherwise.

I authorize DCI and its representatives to verify my education, employment history, investigate references, and secure additional job-related information about me, including all statements I made in this application for employment. I hereby release DCI and its representatives seeking such information about me, as well as all other persons, schools, companies, or organizations, from all liability in responding to inquiries and giving information in connection with my application for employment. I understand that a photocopy of this signed release will also serve as authorization and release of liability.

Applicant Signature _____

Date _____

If you have a resume, please attach it to this application and return to:

DCI
 Attn: Human Resources – Recruiting
 20 W. 2nd Avenue
 Hutchinson, KS 67501
 (620) 694-1147 or Fax: (620) 694-6715
 Check us out at www.datacenterinc.com

For HR Use Only:

Copies to: _____

Copies to: _____

Date Received: _____

Date: _____

Date: _____

Recorded in applicant database

YES NO

Interview Given

YES NO

Interviewer(s): _____
