



EMPLOYMENT APPLICATION

Please email application to jobs@dinascorp.com

APPLICANT INFORMATION

| | | | | | | | |
|-----------------|--|--------|------------------|-------|-------------------|-------|--|
| Last Name: | | First: | | M.I.: | | Date: | |
| Street Address: | | | | | Apartment/Unit #: | | |
| City: | | State: | | ZIP: | | | |
| Cell Phone: | | | Alternate Phone: | | | | |
| Email: | | | | | | | |

| | | | | | |
|--------------------------------|--|--|--|-----------------|----|
| Position Applied For: | | | | Desired Salary: | \$ |
| How did you hear about us? | | | | | |
| If referred, who referred you? | | | | | |

| | | | | | |
|---|------------------------------|-----------------------------|--|------------------------------|-----------------------------|
| Are you currently authorized to work in the United States for any employer? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Will you now or in the future require sponsorship to work in the United States? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Are you able to provide proof of identity and employment authorization if hired? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If no, please explain: | | |
| Have you ever worked for Dinas Corp? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If so, provide dates/reason for leaving: | | |
| Do you have any relatives currently employed with us? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If yes, please provide name/relationship: | | |
| Are you currently employed? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If yes, may we contact your current employer? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Are you available to work overtime on a regular basis with or without notice? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If no, please provide any restrictions you have: | | |
| We require all non-office applicants to meet certain physical requirements – must have the ability to lift 50 lbs and have the ability to climb ladders. Would you be able to meet these requirements? YES <input type="checkbox"/> NO <input type="checkbox"/> | | | For non-office applicants - would you be willing to provide or undergo a physical exam prior to employment? YES <input type="checkbox"/> NO <input type="checkbox"/> | | |

EDUCATION

| | | | | | |
|-------------------|--|------------------------------|-----------------------------|--|--|
| High School: | | | Address: | | |
| Did you graduate? | | YES <input type="checkbox"/> | NO <input type="checkbox"/> | | |

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|------------------------------|-------------|-------------------|------------------------------|-----------------------------|---------|
| University/College or Other: | | | Address: | | |
| From: MM/YYYY | TO: MM/YYYY | Did you graduate? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Degree: |



EMPLOYMENT

| | | |
|--|----------------|--|
| Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary <input type="checkbox"/> If this is/was a temporary assignment, please list set time here: | | |
| Company Name: | | Phone: |
| Address: | | Supervisor Name: |
| Job Title: | | Salary or Hourly Rate: \$ |
| Responsibilities: | | |
| From: MM/YYYY | To: MM/YYYY | Reason for Leaving: |
| Are you currently employed here: YES <input type="checkbox"/> NO <input type="checkbox"/> | | May we contact this employer for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/> |

| | | |
|--|----------------|--|
| Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary <input type="checkbox"/> If this is/was a temporary assignment, please list set time here: | | |
| Company Name: | | Phone: |
| Address: | | Supervisor Name: |
| Job Title: | | Salary or Hourly Rate: \$ |
| Responsibilities: | | |
| From: MM/YYYY | To: MM/YYYY | Reason for Leaving: |
| Are you currently employed here: YES <input type="checkbox"/> NO <input type="checkbox"/> | | May we contact this employer for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/> |

| | | |
|--|----------------|--|
| Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary <input type="checkbox"/> If this is/was a temporary assignment, please list set time here: | | |
| Company Name: | | Phone: |
| Address: | | Supervisor Name: |
| Job Title: | | Salary or Hourly Rate: \$ |
| Responsibilities: | | |
| From: MM/YYYY | To: MM/YYYY | Reason for Leaving: |
| Are you currently employed here: YES <input type="checkbox"/> NO <input type="checkbox"/> | | May we contact this employer for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/> |

| | | |
|--|----------------|--|
| Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary <input type="checkbox"/> If this is/was a temporary assignment, please list set time here: | | |
| Company Name: | | Phone: |
| Address: | | Supervisor Name: |
| Job Title: | | Salary or Hourly Rate: \$ |
| Responsibilities: | | |
| From: MM/YYYY | To: MM/YYYY | Reason for Leaving: |
| Are you currently employed here: YES <input type="checkbox"/> NO <input type="checkbox"/> | | May we contact this employer for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/> |



ADDITIONAL INFORMATION

| | |
|---|-------------------------|
| Have you ever been convicted of a felony? YES <input type="checkbox"/> NO <input type="checkbox"/> | If yes, please explain: |
| Have you worked for one of our competitors? YES <input type="checkbox"/> NO <input type="checkbox"/> | If yes, which one(s): |
| Do you have any conflict of interest to report if considered for a job here? YES <input type="checkbox"/> NO <input type="checkbox"/> | If yes, please explain: |

TRUCK DRIVER

Please **only** fill out this section if applying for a truck driving position.

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|---|---|
| Do you have a valid U.S. driver's license? YES <input type="checkbox"/> NO <input type="checkbox"/> | If yes, which class? A <input type="checkbox"/> B <input type="checkbox"/> CDL <input type="checkbox"/> D <input type="checkbox"/> Other <input type="checkbox"/> |
| Driver's license number: | Issued in what state? |
| How long have you had this/these license(s)? | |
| Do you have a clean driving record? YES <input type="checkbox"/> NO <input type="checkbox"/> | If no, please explain? |
| Have you had any accidents during the past three years? YES <input type="checkbox"/> NO <input type="checkbox"/> | How many? |
| Have you had any moving violations during the past three years? YES <input type="checkbox"/> NO <input type="checkbox"/> | How many? |
| What kind of vehicle do you drive, or have you driven? | |
| How familiar are you with the area and route you would be driving? | |
| Are you familiar with basic truck maintenance? YES <input type="checkbox"/> NO <input type="checkbox"/> | |
| This company requires all drivers who drive Commercial Motor Vehicles (CMV), to pass a DOT physical exam and be controlled substances tested with a negative result prior to driving. Do you consent to such testing? <i>DOT Physical checks vision, hearing, blood pressure/pulse rate, urinalysis, and a physical exam.</i> YES <input type="checkbox"/> NO <input type="checkbox"/> | |

REFERENCES

Please list three **professional references**. (Recent direct supervisors with specific knowledge of your skills and abilities)

| | |
|------------|---------------|
| Full Name: | Relationship: |
| Company: | Phone: |
| Email: | |

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| Full Name: | Relationship: |
| Company: | Phone: |
| Email: | |

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|------------|---------------|
| Full Name: | Relationship: |
| Company: | Phone: |
| Email: | |



BACKGROUND CHECK

NOTIFICATION AND AUTHORIZATION This shall serve as notification that Dinas Corp., (hereinafter referred to as “Company”) may conduct a background check, including but not limited to a criminal background check, for employment purposes and you authorize Company to do so only after it has completed its interview process. Further, in the event an offer is extended and accepted, this notification and authorization shall remain on file and will serve as ongoing consent for the Company to conduct the same from time to time during your employment period. I have read and understand this notification and authorization and by selecting 'Yes' below, consent to Company conducting the aforementioned background check.

YES NO

| | | | |
|------------------|--|-----------------------------|--|
| Full Legal Name: | | Today's Date: MM/DD/YYYY | |
|------------------|--|-----------------------------|--|

Please enter your Social Security Number to initiate background check:

DISCLAIMER AND SIGNATURE

It is the policy of Dinas Corp. to provide equal employment opportunities to all applicants and employees without regard to any legally protected status such as race, color, religion, gender, national origin, age, disability, or veteran status.

I authorize Dinas Corp. to verify statements made by me on my employment application. I also give permission to the companies, educational institutions, and individuals I listed in this application, to release the information requested by Dinas Corp. I further release the companies, educational institutions, and individuals I listed in this application along with Dinas Corp. and its employees and representatives, from any and all claims and liability in connection with the release of information concerning me, my behavior, my job performance, and my previous employment and educational history. I certify that the information provided in this application is true and complete to the best of my knowledge. I authorize investigation of all information I have provided in this application for employment as may be necessary in arriving at an employment decision.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with Dinas Corp. is of an “at will” nature, which means I may resign at any time and Dinas Corp. may discharge me at any time with or without cause. It is further understood that this “at will” employment relationship may not be changed unless such change is specifically acknowledged in writing by an authorized executive of Dinas Corp.

I understand that any offer of employment is conditioned upon several criteria, including my satisfaction passing a drug screen, criminal history checks, employment and educational verifications, and reference checks. If this application leads to employment, I understand that I am required to abide by the Dinas Corp. Employee Handbook and will comply with all the rules and policies set forth therein. I further understand that false or misleading information in my application or interview may result in my immediate termination.

| | |
|-----------|------|
| Signature | Date |
|-----------|------|