

# APPLICATION FOR EMPLOYMENT

D. J.'S RENTALS & SALES, INC.

911 South Main  
Elk City, OK 73644  
(580) 225-1400

**Re: medical marijuana—No applicants or employees will be asked about possessing a medical marijuana card. However, all positions at DJ's Rentals include safety-sensitive job duties. According to the Unity Bill that was passed by the OK legislature in 2019, employers are allowed to refuse to hire applicants or discipline or discharge current employees who work in safety-sensitive jobs. Use, possession, and being under the influence while at work can be prohibited. As defined by the legislature, safety-sensitive job duties may include but not be limited to:**

- **The operation of a motor vehicle, other vehicle, equipment, machinery, or power tools**
- **Repairing, maintaining, or monitoring the performance or operation of any equipment, machinery, or manufacturing process, the malfunction or disruption of which could result in injury or property damage**

Date \_\_\_\_\_

## PERSONAL INFORMATION

Name \_\_\_\_\_ Telephone \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_  
Street

City \_\_\_\_\_ Zip \_\_\_\_\_ If under 18, please list age \_\_\_\_\_

**DO YOU HAVE A VALID DRIVER'S LICENSE?** \_\_\_\_\_ **YES** \_\_\_\_\_ **NO**

Driver's license number \_\_\_\_\_ State of issue \_\_\_\_\_ Expires \_\_\_\_\_

What is your means of transportation to work? \_\_\_\_\_

Have you had any accidents during the past 3 years? \_\_\_\_\_ If yes, how many? \_\_\_\_\_

Have you had any moving violations during the past 3 years? \_\_\_\_\_ If yes, how many? \_\_\_\_\_

Do you have any physical limitations that preclude you from performing any work for which you are being considered? \_\_\_\_\_ If so, please describe: \_\_\_\_\_

Have you ever been convicted of a crime? \_\_\_\_\_ If yes, please explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation: \_\_\_\_\_

Have you ever had previous Workers' Compensation claims? \_\_\_\_\_ yes \_\_\_\_\_ no

If yes, please explain \_\_\_\_\_

Have you ever been in the Armed Forces? \_\_\_\_\_ yes \_\_\_\_\_ no

Specialty \_\_\_\_\_ Date entered \_\_\_\_\_ Discharge Date \_\_\_\_\_

Are you now a member of the National Guard? \_\_\_\_\_ yes \_\_\_\_\_ no

Employment desired \_\_\_\_\_ full-time \_\_\_\_\_ part-time When available to begin work? \_\_\_\_\_

Days/hours available to work \_\_\_\_\_

In case of emergency notify: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

<b>EDUCATION</b>	Name of School & location/address	No. of Years Completed	Did you graduate?
High School			
College			
Technical, Trade, or Business School			

**Please list 2 references other than relatives or previous employers.**

Name	Phone Number	Business/Position/Relationship	Years Acquainted

**FORMER EMPLOYERS—List below last four employers, starting with last one first.**

Dates Employed	Name & Phone Number of Employer	Salary	Position (be specific)	Reason for Leaving (be specific)
From: To:				
From: To:				
From: To:				
From: To:				

May we contact your present employer? \_\_\_\_\_ yes \_\_\_\_\_ no

An application form sometimes makes it difficult for an individual to adequately present a complete background. Use the space below to summarize any additional information, skills, or qualifications (typing, welding, CDL, etc.) that you believe would be beneficial in a position here:

Did you complete this application yourself? \_\_\_\_\_ yes \_\_\_\_\_ no If not, who did? \_\_\_\_\_

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 dismissal. I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you. I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without any prior notice.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**APPLICATIONS THAT ARE NOT COMPLETELY FILLED OUT WILL NOT BE CONSIDERED.**

This company is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age, or disability. We assure you that your opportunity for employment with this company depends solely on your qualifications.

Office Use Only: Hire Date: \_\_\_\_\_ Starting Wage: \_\_\_\_\_