DIRECT DELIVERY SERVICE, INC. Employment Application

Delivery Driver



Direct Delivery Service, Inc.

APPLICANT INFORMATION														
Last Name				First				M.I.		Date				
Street Ad	et Address							Apartme			nent/Unit	#		
City						State				ZIP				
Phone						E-mail Address								
Date Available Social Se				ecurity No.	No.			Date of Birth						
CA DRIVER LICENSE NUMBER														
Are you a citizen of the United States? YES						NO 🗌	If no, are you authorized to work in the U.S.? YES NO					NO 🗌		
Have you ever worked for this company? YES				NO 🗌	If so, when?									
Have you	ever b	een con	victed of a	a felony?	YES 🗌	NO 🗌	If yes, explain							
EDUCATION														
High Scho	loo					Address								
From		To Did you graduate?			YES 🗌	NO 🗌	NO Degree							
College						Address								
From		To Did you graduate?			YES 🗌	NO Degree								
Other						Address								
From		To Did you graduate?			YES 🗌	NO Degree								
REFERE														
Please list		rofessior	nal referei	nces.										
Full Name						Relation	ship							
	Company					Phone								
Address	Address													
Full Name	Full Name				Relationship									
Company	Company					Phone								
Address	Address													
PREVIOUS EMPLOYMENT														
Company P						Phone								
Address							Supervisor							
Job Title														
Responsit	Responsibilities													

From	To Reason for Leaving								
May we contact you	r previous supervi	sor for a reference?	NO 🗌						
Company			Phone						
Address			Supervisor						
Job Title									
Responsibilities									
From	То	Reason for Leaving							
May we contact you	r previous supervi	sor for a reference?	NO 🗌						
Company			Phone						
Address			Supervisor						
Job Title									
Responsibilities									
From	То	Reason for Leaving							
May we contact you	r previous supervi	sor for a reference?	NO 🗌						
DRIVER LICENCES OR PERMITS HELD IN THE LAST 3 YEARS									
CA DRIVER LICENSE NUMER: EXPIRATION:									
ACCIDENTS/TRAFFIC VIOLATIONS IN THE LAST 3 YEARS									

EMERGENCY CONTACT							
PERSON(S) BELOW WILL BE CONTACTED IF AN EMERGENCY SITUATION OCCURS							
NAME CONTACT INFO RELATION							

ADDITIONAL NOTES:

DISCLAIMER AND SIGNATURE

NOTICE TO APPLICANT

Direct Delivery Service, Inc. (DDS, Inc.) complies with the Americans with Disabilities Act of 1990. During the interview process you may be asked questions concerning your ability to perform job-related functions. If you are given a conditional offer of employment you may be required to complete a post-job offer medical history questionnaire and/or undergo a medical examination. If required, all entering employees in the same job category will be subject to the same medical questionnaire and/or examination. All information will be kept confidential and in separate files.

Applicants accepted for employment should clearly understand that while we make an effort to provide steady, continuous work, we have no employment contracts and we cannot guarantee the permanence of any position. Job tenure can be affected by many factors including business/economic conditions, changes in laws or Employer policies, conformity to our work rules, job performance, etc., and of course, employees may elect to leave of their own accord to seek other jobs.

We conduct our business with the highest possible degree of safety and efficiency. Because of this, DDS, Inc. may require applicants for employment to undergo blood and/or urinalysis screening for drug or alcohol use as part of our pre-placement physical examination. In addition, all employees of DDS, Inc. are subject to random blood tests and/or urinalysis screening for drug or alcohol use.

Direct Delivery Service, Inc. provides a smoke-free work environment for its employees.

APPLICANT'S STATEMENT

I certify that the answers given herein are true and complete to the best of my knowledge. I authorize the investigation of my background and all matters contained in this application and hereby give DDS, Inc. permission to contact schools, previous employers, references, and others, and hereby release Direct Delivery Service, Inc. from any liability as a result of such contact and release all such persons or companies or corporations supplying information from all liability for all damages on account of supplying such information. I understand that misrepresentations, omissions of facts or incomplete information requested in this application may remove me from further consideration for employment or, if employed by DDS, Inc., may result in the termination of my employment. I agree to furnish such additional information and complete such examinations as may be required to complete this application.

In consideration of my employment, I agree to conform to the rules and regulations of Direct Delivery Service, Inc. I understand that my employment with DDS, Inc. is for no specific term, and that my employment, compensation, and benefits can be terminated, with or without cause, and with or without notice, at any time, for any reason, at the option of DDS, Inc. or myself. I further understand that no oral promise, Direct Delivery Service, Inc. policy, custom, business practice or other procedure (including the DDS, Inc.'s Employee Handbook or any personnel manuals) constitutes an employment contract or modification of the at-will employment relationship between DDS, Inc. and me.

The contents of any Employee Handbook or personnel manuals, as well as other Employer policies and practices, are subject to change or modification by DDS, Inc., solely at its discretion, without notice.

I also understand that no manager, supervisor, or company representative(s) other than DDS, Inc. president has any authority to enter into any employment agreement for any specified time period, or to make any oral or written agreement contrary to the foregoing.

I understand all notices to applicants above, and I agree to submit to testing for drug or alcohol use in accordance with the Employer's policies.

TO BE READ AND SIGNED BY APPLICANT

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge. I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of Direct Delivery Service, Inc.

Signature

Date

Direct Delivery Service, Inc. is an equal opportunity employer and all qualified applicants will receive consideration for employment without regard to race, color, religion, sex, sexual orientation, gender identity, national origin, disability status, protected veteran status, or any other characteristic protected by law.