
Last Name

First

M.I.

Position Applied For

Date

DACCO

Employment Application

Should you need assistance in completing this application or at any other stage of the hiring process, please notify us immediately.

Please Read Before Completing Application

- All Sections of this application **MUST** be completed in their entirety. A resume' may be attached as an addition to the completed form. **A RESUME IS NOT a SUBSTITUTE for this APPLICATION FORM.**
- DACCO is an equal opportunity employer and does not discriminate in recruiting, hiring, compensation, promotion or other employment terms based upon race, color, religion, creed, national origin, citizenship, sex, age, disability, or veteran status. The information requested in this application will be used in a nondiscriminatory manner.
- DACCO will make every effort to provide disabled applicants and employees with reasonable accommodations necessary for the performance of the essential functions of a job. Disabled employees who can no longer perform essential job functions are encouraged to advise management of the nature of their disability and which functions they can no longer perform and to suggest accommodations that they believe would enable them to perform those functions.
- In accordance with the Immigration Reform and Control Act of 1986, proof of authorization to be employed in the United States will be required of all prospective employees. Failure to establish such proof will prohibit or discontinue employment.
- Due to the business nature of this Agency, all prospective DACCO employees will be required to undergo an extensive background review. Therefore, a current Florida Department Law Enforcement (FDLE) background check will be requested of all prospective employees. Unsatisfactory results will prohibit continued employment.
- In accordance with our Drug Free Workplace plan, prospective employees will be asked to submit to a post-employment offer drug screen.

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EMPLOYMENT HISTORY

List below last three (3) employers, beginning with the most recent:

Current or Last Employer	Dates employed
Address	Telephone Number(s)
Job Title	Supervisor
Job Duties	
Reason for leaving	Rate of Pay: Starting Ending
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Next Previous Employer	Dates employed
Address	Telephone Number(s)
Job Title	Supervisor
Job Duties	
Reason for leaving	Rate of Pay: Starting Ending

Next Previous Employer	Dates employed
Address	Telephone Number(s)
Job Title	Supervisor
Job Duties	
Reason for leaving	Rate of Pay: Starting Ending

References

Name	Address	Phone Number

VOLUNTARY EEO IDENTIFICATION

Various agencies of the United States Government require employers to maintain information on applicants pertaining to factors such as race, sex, and type of position for which an individual applies. The information that is requested on this sheet is for compliance with certain record keeping requirements. The Agency believes all persons are entitled to equal employment opportunities and does not discriminate against its employees or applicants for employment because of race, color, sex, religion, national origin, disability, veteran status, age, marital status or any other protected group status.

Name _____ Date _____

Position Applied for _____

Social Security No. _____ Date of Birth _____ Gender: Male Female
Month/Day/Year

Race/Ethnic Data:

- White (Non-Hispanic) Asian or Pacific Islander American Indian or Alaskan Native
 Black (Non-Hispanic) Hispanic or Latino Two or More Races

Regulations issued by the U.S. Department of Labor with respect to disabled individuals, disabled veterans, and Vietnam Era veterans require that federal contractors provide an opportunity for self-identification to candidates seeking employment. Such self-identification is submitted on a voluntary, confidential basis, for use only in accordance with regulations, and without subjecting the individual to adverse treatment.

Disabled/Veteran Classification(s):

- Disabled Person Vietnam Era Veteran Special Disabled Veteran
(30% or more disability)

EXPLANATION OF THE CATEGORIES:

White (Non-Hispanic origin): Persons having origins in any of the original peoples of Europe, North Africa or the Middle East

Black (Non-Hispanic): Persons having origins in any of the black racial groups of Africa.

Asian or Pacific Islander: Persons having origins in any of the original peoples of the Far East, Southeast Asia, the Pacific Islands or the Indian subcontinent including, for example, China, Japan, Korea, the Philippines, Samoa, India, and Pakistan.

Hispanic: All persons of Cuban, Mexican, Puerto Rican, Central or South America or other Spanish culture or origin, regardless of race.

American Indian or 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.

Disabled Individual: Federal regulations define a disabled person as one who (1) has a physical or mental impairment which substantially limits one or more of such person's major life activities, (2) has a history of such impairment, or (3) is regarded as having such an impairment.

Vietnam Era Veteran: Federal regulations define a veteran of the Vietnam Era as one who (1) served on active duty for a period of more than 180 days, any part of which occurred between August 5, 1964, and May 7, 1975, and was discharged or released with other than a dishonorable discharge, or (2) was discharged or released from active duty for a service connected disability if any part of such active duty was performed between August 5, 1964, and May 7, 1975.

Special Disabled Veteran: Federal regulations define a special disabled veteran as one who (1) is entitled to compensation under laws administered by the Veterans' Administration for a disability rated 30% or more, or (2) was discharged or released from active duty because of a service-connected disability.

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Please Read Before Signing

- I understand this application is intended for information purposes only. Either this application or any other communication by the Agency's representatives, written or oral, establishes an employment contract other than one terminable at will by the Agency or the applicant. Both DACCO and its employees have the right to terminate the employment relationship with or without cause at any time. No communication or practice limits the reasons or procedures for termination modification of the employment relationship.
- I understand this application will remain active for six (6) months only.
- I certify that all statements on this application are true and complete. I understand that any omission or misinformation given on this application will prohibit employment or will be grounds for immediate dismissal whenever such omission or misinformation is discovered.
- I authorize and request any and/or all previous employers to release to DACCO any information regarding my previous employment including but not limited to my performance, attendance record, reason for separation or any information requested relative to employment.
- I authorize and request any and/or all current or previous educational institutions to release to DACCO any information regarding my educational background including but not limited to any degree/diploma earned, attendance record, official transcript(s), graduation status or any information requested relative to employment.
- In accordance with Agency policy, all personnel are required to undergo a mandatory post-employment offer criminal background check by the Florida Department of Law Enforcement (FDLE). A one-time fee will be assessed for this check and will be payroll deducted.
- In accordance with DACCO's Drug Free Workplace plan, all personnel are required to submit to a mandatory post-employment offer drug screen. A one-time fee may be assessed for this screening and will be payroll deducted.
- I understand and agree that my employment with DACCO shall include a ninety-(90) day Introductory Period, during which I may be discharged for any reason with or without cause.
- In the event that I am employed, I agree to accept the employment conditions of the Agency, now existing or established in the future. I understand that as a condition of employment I will be required to submit to random drug urinalysis testing.

I acknowledge that I have read and understand each of the above statements.

Applicant Signature

Date