



# DO Inc.

502 El Camino Road - Gillette, Wyoming 82716  
Office (307) 682-9049 - Toll Free (877) 682-9049 - Fax (307) 686-0867  
[www.dooilco.com](http://www.dooilco.com)

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## EMPLOYMENT APPLICATION

Applications are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or in the presence of a non-related medical condition or handicap.

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Social Security # \_\_\_\_\_

DOB \_\_\_\_\_ Do you have the legal right to work in the United States  Yes  No

Have you applied/worked here before?  Yes  No If yes, when? \_\_\_\_\_

Position held/applied for: \_\_\_\_\_

Have you ever been convicted of a Felony?  Yes  No

Drivers License # \_\_\_\_\_ State \_\_\_\_\_ Expiration \_\_\_\_\_

CDL Certified  Yes  No

Has any license, permit or privilege ever been denied or suspended  Yes  No

Date Available to Start \_\_\_\_\_  Full Time  Part Time  Temporary

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## EMPLOYMENT EXPERIENCE

Start with your present job or last job. Include military assignments and other volunteer activities.

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Employer \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Supervisors Name \_\_\_\_\_ Phone # \_\_\_\_\_  
Job Title \_\_\_\_\_ Reason for Leaving \_\_\_\_\_  
Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_ Salary or Hourly Rate \_\_\_\_\_

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Supervisors Name \_\_\_\_\_ Phone # \_\_\_\_\_  
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**EDUCATION**

Schools/Colleges Attended:	#Years	Year Grad.	Degree
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Describe any special qualifications for this job:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**I CERTIFY that answers given herein are true and complete to the best of my knowledge. I authorize investigations of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that this application is not intended to be a contract of employment. In the event of employment, I understand that false or misleading information given on my application or interview may result in termination.**

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

*For Personnel Department Only*

Remarks \_\_\_\_\_

\_\_\_\_\_

Interview report by \_\_\_\_\_