



DELL RETIREMENT SERVICES, INC. DBA

EMPLOYMENT APPLICATION

Thank you for your interest in employment with Shannondell. Please PRINT or TYPE, except for your signature at the end of the application. Please read all four (4) pages of this application and complete fully. An incomplete application will not be processed.

Name _____ SSN _____
(Last) (First) (Initial)

Address _____
(Street) (City) (State) (Zip Code)

Telephone number (including area code): _____

Are you 18 years or older? Yes [] No [] If no, list date of birth ____/____/____

Are you able to provide documented proof of U.S. citizenship or valid work permit as required upon employment to work in the United States? Yes [] No []

Type of desired employment: Full-time [] Part-time [] Temporary [] Summer Help []

Specify days and hours if part-time _____

Position(s) _____ Rate of pay expected: \$_____ per _____

Date available to start: _____

Have you ever been convicted of a crime, excluding minor traffic-related violations? Yes [] No [] (If yes, please explain) *Will not necessarily exclude you from consideration.

Please list below any skills, qualifications or experiences which you feel would especially fit you for work with Shannondell:

How did you learn of the position(s) for which you are applying?

[] Friend _____ [] Advertising _____
[] Other _____ [] Walk-in _____

Shannondell complies with all state and federal laws prohibiting discrimination in employment practice because of race, color, religion, sex or national origin, age or disability.

Shannondell shall make every reasonable effort to accommodate the physical or mental limitations of applicants and employees to assist them in performing the essential job functions, with or without reasonable accommodations. Applicants and employees are encouraged to request an accommodation from this employer at any time.

Have you ever served in the U.S. Armed Forces? Yes [] No []

Branch of Service (please check appropriate box): Army [] Navy [] Marines [] Air Force [] Coast Guard []

EDUCATION

School Level	Circle highest (years) completed	Name and Address	Did you Earn a Diploma/Degree	Major / Area of concentration
High School	1 2 3 4			
College/University	1 2 3 4			
Graduate School	1 2 3 4			
Other	1 2 3 4			

BUSINESS REFERENCES

Please list below three (3) business references (not relatives) whom we may contact.

Name: _____ Position/Title: _____ Years acquainted _____

Telephone Number: _____

Company Name: _____

Company Address: _____

Name: _____ Position/Title: _____ Years acquainted _____

Telephone Number: _____

Company Name: _____

Company Address: _____

Name: _____ Position/Title: _____ Years acquainted _____

Telephone Number: _____

Company Name: _____

Company Address: _____

EMPLOYMENT RECORD

Please list below, your last three employers, beginning with your current or most recent employer.

Employer's Name:	Address:	Supervisor's Name:	May we contact? No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, Phone# (including area code)
Starting Date: Leaving Date:	Reason for leaving:	Starting rate (per hour):	Leaving rate (per hour):
Job Title:	Description of Duties:		

Employer's Name:	Address:	Supervisor's Name:	May we contact? No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, Phone# (including area code)
Starting Date: Leaving Date:	Reason for leaving:	Starting rate (per hour):	Leaving rate (per hour):
Job Title:	Description of Duties:		

Employer's Name:	Address:	Supervisor's Name:	May we contact? No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, Phone# (including area code)
Starting Date: Leaving Date:	Reason for leaving:	Starting rate (per hour):	Leaving rate (per hour):
Job Title:	Description of Duties:		

RELEASE OF CONFIDENTIAL INFORMATION

I certify that all statements made in this application are true and correct, to the best of my knowledge. I authorize Shannondell to investigate all statements made as part of this application and to secure any necessary information from all prior employers, references, academic institutions and law enforcement agencies. I release all of those persons, employers references, academic institutions and law enforcement agencies from any and all liability arising from their giving and receiving information about my employment history, academic credentials, qualifications or criminal record. I understand that any false answers or statements or misrepresentations by omission made by me as part of my application will be sufficient for rejection of my application or for my immediate dismissal should one be discovered after I am employed. I understand that federal law prohibits the employment of unauthorized aliens; all persons hired must submit satisfactory proof of employment authorization and identity and that failure to submit proof will result in denial of employment. I understand that Shannondell follows an "employment at will" policy and nothing in this employment application, in Shannondell's statements of personnel guidelines or in my communication with any Shannondell employee or official is intended to create an employment contract between the Shannondell and me. Employment is not guaranteed for a definite period of time and that some positions regarded as part-time and/or temporary are paid for actual hours worked and are not entitled to benefits offered to full-time positions (except FICA and Workers' Compensation). Upon my separation from Shannondell, I authorize the release of reference information on my work. There is nothing to keep me from fulfilling the duties of the job for which I have applied.

Any benefits that I receive as an employee of Shannondell may change or may be terminated at any time subject to existing federal laws and/or bargaining agreements if applicable.

(Date) _____ (Signature of Applicant) _____

FOR HUMAN RESOURCES USE ONLY

Received by HR (date & initials) _____

Given to Dept Director (date and name) _____

YES or NO to interview (date to interview) _____