



DON-LEE MARGIN
Corporation

9435 Tiger Road
Seaford, DE 19973

Phone: 800-338-0271 or 302-629-7567
Fax: 302-629-8116

APPLICATION FOR EMPLOYMENT

Date: _____ S. S. # _____

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone #: () _____ Cell #: () _____

Position Applied For: _____ Salary: _____

Can you work: ___ Full Time ___ Part- Time ___ Overtime ___ Weekends ___ Days ___ Nights

Date you can start: _____ Have you ever worked here before? _____

If yes when? _____ Reason for leaving: _____

Do you have your own transportation to work? _____

Do you have a valid Driver's License? yes or no Driver's License # _____

Have you been convicted for any law violations, (excluding minor traffic offenses)? _____

If yes, give details: _____

Are you claustrophobic? _____ Can you work around heat? _____

Are you afraid of Heights, Depths or Pits? _____

Are you experienced in any of the following? Sandblasting _____ Painting _____

Carpentry _____ Machine Operating _____ General Cleaning _____

Carpet Care (shampoo, vacuuming, cleaning, etc.) _____

Floor Care (ex: stripping, waxing, buffing, burnishing, etc) _____

List other experience not mentioned: _____

Why are you interested in working for Don-Lee Margin Corporation?

What qualifications (if any) do you have that may help you in applying for this position?

Last level of education completed: _____

Employment History

List all jobs held for the last five years beginning with the most recent.

1.) Employer: _____ Dates Worked: _____

Address: _____

Phone: _____ Fax: _____

Job Held: _____ Contact Person/ Supervisor: _____

Wages start/end: _____ Reason for leaving _____

2.) Employer: _____ Dates Worked: _____

Address: _____

Phone: _____ Fax: _____

Job Held: _____ Contact Person/ Supervisor: _____

Wages start/end: _____ Reason for leaving _____

3.) Employer: _____ Dates Worked: _____

Address: _____

Phone: _____ Fax: _____

Job Held: _____ Contact Person/ Supervisor: _____

Wages start/end: _____ Reason for leaving _____

Personal References (No relatives or former employers)

Name	Address	Phone #	# of years known?
------	---------	---------	-------------------

I authorize investigation of all statements in this application and I understand that any false statements or deliberate omissions will be cause for immediate discharge if I am employed. All Don-Lee Margin Corporation employees are initially and randomly drug-tested as a condition of employment. I have read and hereby sign with this knowledge.

_____ Date

_____ Applicant Signature