

APPLICATION FOR EMPLOYMENT

D&Q Saipan 12901 Lower Base Drive, Lower Base Saipan MP 96950 Tel: 670-322-2706 Fax: 670-322-2711

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify the Administrative Manager.

Position(s) applied	d for		Date of App	plication				
Referral Source	Advertisement	Employee	Relative		Gover	nment Emplo	oyment Age	ncy
	☐ Walk-in	Private Emp	loyment Agen	су	Other			
	Name of source (if	applicable)						
Name (Print)								
	LAST		FIRS			N	/IDDLE	
Mailing Address								
	STREET / P.O.		VILLA	GE		ZI	P CODE	
Telephone #		Cell/ Beeper/ Othe	er#		_ Social Sec	curity#	_	
Driver's License r	number if driving is an	essential job functi	on		CI	ass		
If necessary, best	time to call you at hor	me is #	AM	РМ	Email add	ress		
May we contact y	ou at work?					Yes	No	
If yes, work numb	er and best time to ca	II #				:	_ AM	РМ
If you are under 1	8 and it is required, ca	ın you furnish a wo	ork permit?			Yes	No	
If no, please expla	ain							
Have you submitt	ed an application here	before?				Yes	No	
If yes, give date(s	s)							
Are you legally eli	igible for employment i	n this country?				Yes	No	
Date available for	work							
Type of employment	ent desired	Full-time	Part-time	Ţ	emporary	Other _		
Will you travel if the	ne job requires it?					Yes	No	
Are you able to m	eet the attendance red	quirements of the p	oosition?			Yes	No	
Are vou able to w	ork overtime if required	d?				Yes	No	

EMPLOYMENT HISTORY

Provide the following information for your past employees, assignments or volunteer positions, starting with the most recent (use additional paper if necessary). Explain any gaps in employment in the comments section below. DATES EMPLOYED SUMMARIZE THE TYPE OF WORK **EMPLOYER** PERFORMED AND RESPONSIBILITIES **FROM** TO **TELEPHONE** HOURLY RATE / **ADDRESS** SALARY **STARTING** \$ PER JOB TITLE IMMEDIATE SUPERVISOR / TITLE FINAL \$ **PER** REASON FOR LEAVING MAY WE CONTACT FOR REFERENCE | YES NO LATER DATES EMPLOYED SUMMARIZE THE TYPE OF WORK **EMPLOYER** PERFORMED AND RESPONSIBILITIES FROM TO **TELEPHONE** HOURLY RATE / SALARY **ADDRESS STARTING** \$ PER JOB TITLE IMMEDIATE SUPERIOR / TITLE FINAL \$ PER REASON FOR LEAVING MAY WE CONTACT FOR REFERENCE YES | NO | |LATER DATES EMPLOYED SUMMARIZE THE TYPE OF WORK **EMPLOYER** PERFORMED AND RESPONSIBILITIES **FROM** TO **TELEPHONE** HOURLY RATE / **ADDRESS** SALARY **STARTING** \$ **PER** JOB TITLE IMMEDIATE SUPERIOR / TITLE FINAL \$ PER REASON FOR LEAVING MAY WE CONTACT FOR REFERENCE | |YES | NO | |LATER Comments (including explanation of any gaps in employment) Skills and Qualification: summarize any special training, skills, licenses and/or certificates that may qualify you as being able to perform job related functions in the positions for which you are applying.

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NAME / ADDRESS OF SCHOOL	DIPLOMA	DEGREE	STUDIES

	references who are not related to you.	V=1-0-10101
NAME	TELEPHONE	YEARS KNOWN
DDITIONAL INFORMATION		
st professional, trade, business or civic a		
	sex, race, religion, national origin, age, colo	or, disability or any other similarly protected state
ORGANIZATION		OFFICES HELD
ist special accomplishments, publications	, awards, etc.	
xclude memberships which would reveal	sex, race, region, national origin, age, color	, disability or any other similarly protected statu
ist any additional information you would li	ke us to consider	
st arry additional information you would in	ke us to consider.	
	I	
ALARY / HOURLY RATE REQUIREME		
value application reactives for exalle some	doration, what calary/ hourly rate would you	require?
your application receives favorable cons	deration, what salary/ nouny rate would you	r require ?



AFFIRMATIVE ACTION VOLUNTARY INFORMATION

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COMPLETION OF INFORMATION BELOW IS VOLUNTARY

We consider all applicants for positions without regard to race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/ reserve/ national guard or any other similarly protected status. We also comply with all applicable laws governing employment practices and do not discriminate on the basis of any unlawful criteria.

To be completed by applicant on a voluntary basis. Not for interview purposes. To be filed separately from application.

In an effort to comply with requirements regarding government record keeping, reporting and other legal obligations, which may apply, we invite you to complete this applicant data survey. Providing this information is STRICTLY VOLUNTARY. Failure to provide it will not subject you to any adverse personnel decision or action. Your cooperation is appreciated.

PLEASE PRINT		
Position(s) applied for		Date
Referral Source		
	overnment Employment Agency lative	Private Employment Agency School Other
Name of person who referred you, if applica	ble	
APPLICANT INFORMATION Name LAST	FIRST MIDDL	Telephone _E
AddressSTREET / P.O Female	VILLAGE	ZIP CODE
Please check one of the following Equal Employ White (not of Hispanic origin) American Indian / Alaska Native	ment Opportunity Identification Groups: Black (not Hispanic origin) Asian	Hispanic Pacific Islander
FOR ADMINISTRATIVE USE ONLY Position(s) applied for Other positions considered for	Available	☐ Not Available
Hired	Yes	□ No
Position hired for		Date of Hire
From the EEO job classifications listed below, w Officials and Managers Professionals Technicians Notes:	hich one best describes the position filled? Sales Workers Office and Clerical Workers Craft Workers (skilled)	Operatives (semi-skilled) Laborers (unskilled) Service Workers
Completed by		Data



APPLICANT'S STATEMENT

I certify that the information I have given on this application is true and complete. I understand that providing false information or the omission of information will be sufficient grounds for immediate discharge.

I authorize the release of all high school, college and other educational records pertaining to my attendance, course work and other school activities at any educational institution attended by me at any time.

I authorize the disclosure of any and all information relating to my present and former employment, and I request all current and former employees to supply such information to Dickerson & Quinn upon its request. I waive and release my current and former employers from any liability that may arise as a result of providing such information, and waive and release Dickerson & Quinn and its agents from any liability for any actions taken due to information provided by any current or former employer.

I agree that, if hired, I will confirm to all rules, regulations and procedures of Dickerson & Quinn. I further understand and agree that if I am hired, my employment with Dickerson & Quinn is for an indefinite period and may, regardless of the time and manner of payment of my wages and salary, be terminated at any time by Dickerson & Quinn or me, with ir without cause and without prior notice of warning.

I further understand that this Application for Employment and any policies and procedures communicated or followed by Dickerson & Quinn during the term of my employment are not intended to be and are not a contract of employment, and that any such policies and procedures may be modified, disregarded or eliminated at at any time, with or without notice to me, at the Company's sole discretion.

I understand that this Application for Employment shall be considered active for a period of time not to exceed 90 days from this date and that if I wish to be considered for employment beyond that date, I must submit another employment application.

Signature of Applicant	Date

BACKGROUND RESEARCH RELEASE

Please read this section carefully and acknowledge your understanding by signing your name in the space below.

I certify that all of the statements made by me on this application for employment are true, correct and complete to the best of my knowledge.

1. Consent to Conduct Background Investigation

As a condition of and in consideration for Dickerson & Quinn's consideration of this application, I give permission to Dickerson & Quinn to investigate my personal and employment history. I understand that this background investigation will include, but not limited to verification of all information on this application, as well as interviews with past employers. I further give permission to Dickerson & Quinn to conduct this investigation and to discuss the results of this investigation in connection with my application for employment.

2. Consent to contact Past employers

I give permission to Dickerson & Quinn to contact all employers listed in this application (except those specifically excluded) for references. I further give permission to all current or previous employers and/or managers or supervisors to discuss my relevant personal and employment history with Dickerson & Quinn, consent to the release of such information orally or in writing, and hereby release them from all liability and agree not to sue them for defamation or other claims based upon any statements they make to any representative of Dickerson & Quinn. I further waive all rights I may have under law to receive a copy of any written statement provided by any of my former employers to Dickerson & Quinn. I further agree to indemnify all past employers for any liability they may incur because of their reliance upon this release.

3. Consent to Contact Government Agencies

I give permission to any agent, attorney or representative of Dickerson & Quinn to receive a copy of any information obtained in the file of any federal, state or local court, government agency, law enforcement agency or investigator concerning or relating to me. I further consent to the release of such information. In the event the law does not provide for prospective employers to have access to information, I hereby delegate Dickerson & Quinn as my agent for receipt of information. I understand that the scope of his investigation will be limited to the criminal and/or civil records that relate to my honesty, integrity and/or abilities.

4. Cooperation With Investigation

I agree to fully cooperate in Dickerson & Quinn background investigation, and to sign any waivers or releases that may be necessary to obtain access to relevant information. In the event that any former employer or federal, state, or local government agency will not release reference information or criminal history directly to the employer. I agree to personally request such information to the extent permitted by law.

5. Falsification Statement

I understand that any falsification or willful omission of the fact made in this application or in connection with any background investigation may be sufficient ground for rejection of this application, or, if discovered after an offer of employment, for immediate dismissal.

6. Employment "At Will"

In consideration of my employment, I agree to conform to the rules and regulations of Dickerson & Quinn, and my employment and compensation is "at will" in that they can be terminated with or without cause, and with or without notice, at any time, at the option of either Dickerson & Quinn or myself, except as otherwise provided by law. I understand that no manager or representative of Dickerson & Quinn, other that the President, Vice President or General Manager has authority to enter into any agreement for employment for any specified period of time to make any agreement or contract to the foregoing, and that any promises to the contrary will only be relied upon by me if they are in writing and signed by the President, Vice President or General Manager of Dickerson & Quinn.

Quinn.	,	J	J	,	,	3
Applicant	's Signature				Date	



Drug Testing Consent Form

I have applied for employment with Dickerson & Quinn LLC and as a condition of employment, I must be and I must remain drug-free. I understand and agree to undergo pre-employment substance screening. I understand that if my pre-employment test results are positive, my application will not be considered further.

I further understand that during the course of any employment with Dickerson & Quinn LLC I agree to be subject to periodic substance screening and if any test are positive, my employment may be terminated.

I hereby authorize any physician, laboratory, or hospital or medical professional retained by Dickerson & Quinn LLC to conduct substance screening and to provide the results to Dickerson & Quinn LLC, and further, that release Dickerson & Quinn LLC and any person affiliated with Dickerson & Quinn LLC and any institution or person conducting the screening, from all liability in connection with the screening.

Applicant Signature		
Applicant's Name	Date	