



# Application For Employment As A Dockworker

## Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First M.I.

Address: \_\_\_\_\_  
Street Address Apartment/Unit #  
City State ZIP Code

Phone: ( ) \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Social Security No.: \_\_\_\_\_

Addresses for Past 3 Years: \_\_\_\_\_

Are you authorized to work in the U.S.?  YES  NO

Have you ever worked for this company?  YES  NO If yes, when? \_\_\_\_\_

Have your ever been convicted of a felony?  YES  NO If yes, please explain: \_\_\_\_\_

*\*Convictions are not an automatic disqualifier or bar to employment. You are not required to disclose expunged juvenile records of conviction or arrest.*

Were you referred by anyone at DLI?  YES  NO If yes, who? \_\_\_\_\_

## Education

High School: \_\_\_\_\_ Address: \_\_\_\_\_

Did you graduate? YES NO

College: \_\_\_\_\_ Address: \_\_\_\_\_

Did you graduate? YES NO Degree: \_\_\_\_\_

Other: \_\_\_\_\_ Address: \_\_\_\_\_

Did you graduate? YES NO Degree: \_\_\_\_\_

## Qualifications and Experience

List types of platform experience: \_\_\_\_\_

List platform equipment you can operate (forklift, truck, etc.): \_\_\_\_\_

List courses or training in platform work: \_\_\_\_\_

## Military Service

Branch: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_ Rank at Discharge \_\_\_\_\_

If other than honorable discharge, please explain: \_\_\_\_\_

## Previous Employment

Company: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Accidents: \_\_\_\_\_  
(Motor Vehicle or Industrial)

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous employer for a reference? YES NO

Previous Employment Continued:

Company: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Accidents: (Motor Vehicle or Industrial) \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous employer for a reference? YES NO

Company: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Accidents: (Motor Vehicle or Industrial) \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous employer for a reference? YES NO

Company: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Accidents: (Motor Vehicle or Industrial) \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous employer for a reference? YES NO

**Certification of Application and Release of Information**

**This application was completed by me, and the information on this application is true and complete to the best of my knowledge. False, misleading or incomplete information may be a basis for rejecting the application and denying employment.**

**I authorize DLI, or any party or agency contacted by DLI to provide the information required to verify my background, including past employment, vehicular accidents, drug tests, driving records and criminal records (if any).**

I understand that any offer of employment is conditioned on the satisfactory completion of this background check, as well as my passing a drug and alcohol test, and my providing satisfactory proof of identity and U.S. employment authorization.

I also understand that DLI does not promise an offer or guarantee employment for any length of time.

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