



**DAI DOES THAT!**

15 Centre of N.E. Blvd  
Coventry, RI 02816  
(401) 828-0050  
DAILLC.com

Mitigation • Remediation • Abatement • Biohazard Disinfection • Carpet & Tile Cleaning • Document Restoration

**Application for Employment**

DAI Restore is an Equal Opportunity Employer. Applicants for employment are considered on the basis of qualifications; without regard to race, creed, color, religion, sex, sexual orientation, gender identity or expression, genetic information, marital status, country of ancestral origin, age and physical or mental disability, pregnancy or pregnancy related condition, AIDS/HIV status, domestic violence victim or homelessness.

**Complete Application in full (PLEASE PRINT).**

Additional information/references/resumes may be attached; *you must fill/answer each line/box – simply stating “see resume” will deem the application incomplete.*

Date of Application: \_\_\_\_\_

Position Applying for: \_\_\_\_\_

Referral Source:  Advertisement  Friend  Relative  Walk-in  
(how/where employment opportunity was found)  Employment Agency  Company Website  Other: \_\_\_\_\_

Name: \_\_\_\_\_  
LAST FIRST MIDDLE

Address: \_\_\_\_\_  
NUMBER STREET CITY, STATE ZIP CODE

Telephone: ( ) \_\_\_\_\_ Mobile: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

Are you over 18 years of age?  Yes  No  
Have you filed an application here before?  Yes  No If yes, give date: \_\_\_\_\_  
Have you ever been employed here before?  Yes  No If yes, give date: \_\_\_\_\_  
Are you currently employed?  Yes  No  
May we contact your present employer?  Yes  No  
Are you able to perform the essential functions of the position for which you are applying with or without reasonable accommodation?  Yes  No  
(Proof of authorization to work and of your identity will be required upon employment)

**On what date would you be available for work?** \_\_\_\_\_

**What is your availability?**  Full-time  Part-time  Nights  Weekends  Overtime  
Are you on lay-off and subject to recall?  Yes  No  
Can you travel if a job requires it?  Yes  No  
Do you have a DOT Medical Card/Certificate?  Yes  No  
Do you have a valid drivers license?  Yes  No

**Please list languages in which you speak fluently (including English), and indicate if the fluency is in speaking, reading, and/or writing:**

<u>Language</u>	<u>Speak</u>	<u>Read</u>	<u>Write</u>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Qualifications: List/summarize special skills and/or experience relevant to the position for which you are applying. Please List any IICRC certifications you have:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Education**

	High School	Trade/Technical	College/University	Other/Professional
Name of School				
Grade/Year Completed (please circle)	9    10    11    12	1    2    3    4+	1    2    3    4    5    6	1    2    3    4+
Degree	<input type="checkbox"/> Diploma <input type="checkbox"/> GED	<input type="checkbox"/> Diploma <input type="checkbox"/> Certification	<input type="checkbox"/> Associate <input type="checkbox"/> Bachelor	<input type="checkbox"/> Graduate <input type="checkbox"/> Master
Major/Course of Study (post-secondary)				
Specialized Training, Apprenticeship, Extracurriculars, and/or Honors received				

**Employment History/Experience**

Begin with your present or most recent job/employer. You may elect to include military service assignments. Provide any verifiable work performed on a volunteer basis. Organization names which indicate inclusion in any protected class may be excluded.

Employer:	Phone:	Work Performed:
Address:	Fax:	
Job Title/Position:	Email:	
Supervisor:	Dates of Employment	
Reason for Leaving:	From (Start):                      To (Final):	

Employer:	Phone:	Work Performed:
Address:	Fax:	
Job Title/Position:	Email:	
Supervisor:	Dates of Employment	
Reason for Leaving:	From (Start):                      To (Final):	

Employer:	Phone:	Work Performed:
Address:	Fax:	
Job Title/Position:	Email:	
Supervisor:	Dates of Employment	
Reason for Leaving:	From (Start):                      To (Final):	

It is my understanding that this employment application, or the granting of an oral interview, does not represent a contract of employment or a promise of future benefits by DAI Restore. I understand and agree that if hired, my employment will be at-will in nature and may be terminated with or without cause, at any time, by either myself or my employer. I also understand that this written statement supersedes any and all oral representations made by agents or representatives of DAI Restore.

Agreement: I certify that the information presented on this application is true, complete, and correct. I hereby authorize the investigation of my past employment, education, and activities, and I release from liability all persons, companies, and corporations supplying such information. I understand that false statements, answers, or significant omissions made by me on this form shall be sufficient cause for denial of employment or discharge.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**FOR HUMAN RESOURCE DEPARTMENT ONLY**

Arrange Interview? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Interviewer(s): _____	Date: _____
Hire? <input type="checkbox"/> Yes <input type="checkbox"/> No	Hire Date: _____
First Day of Work: _____	Job Title/Position: _____
	Hrly Rate/Salary: _____
By: _____	Date: _____