



Daniels Communications

POB 1 ♦ White Sands
 Montego Bay, Jamaica
 Phone: 876.631.7977 | Phone: 876.546.5020

Employment Application

Applicant Information					
Last Name		First		M.I.	Date
Street Address				Apartment/Unit #	
City		State		ZIP	
Phone		E-mail Address			
Date Available		SS or TRN No.		Desired Month Wage	
Position Applied for					
Are you a citizen of the United States/Jamaca?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S./Jamaica.? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Have you ever worked for this company?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?	
Have you ever been convicted of a felony?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain	
Education					
High School		Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
College		Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
Other		Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
References					
<i>Please list three professional references.</i>					
Full Name (1)		Relationship			
Company		Phone ()			
Address					
Full Name (2)		Relationship			
Company		Phone ()			
Address					
Full Name (3)		Relationship			
Company		Phone ()			
Address					

Previous Employment (please indicate at least one (1) position that is relevant to the role for which you are seeking to fill with our company)

Company (1)		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company (2)		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company (3)		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

Military Service

Branch	From	To
Rank at Discharge	Type of Discharge	
If other than honorable, explain		

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature	Date
-----------	------

Please submit Application, Resume and completed Employment Questionnaire to: info@dcg-training.com