



APPLICATION FOR EMPLOYMENT

DCL, Inc. • 8660 Ance Road • Charlevoix, Michigan 49720
• 231-547-5600

DCL, Inc. provides equal employment opportunities (EEO) to all employees and applicants for employment without regard to race, color, religion, gender, sexual orientation, gender identity or expression, national origin, genetic information, marital status, amnesty, or status as a covered veteran in accordance with applicable federal, state, and local laws.

Applicant Information

| | | | | | |
|------------|-------------------------------------|-----------------|-------------------------|-------|------|
| Full Name: | Enter Last Name & Tab to next field | First Name | Middle Initial | Date: | Date |
| | <i>Last</i> | <i>First</i> | <i>M.I.</i> | | |
| Address: | Street Address | | Apt/Unit # | | |
| | <i>Street Address</i> | | <i>Apartment/Unit #</i> | | |
| | City | State | Zip | | |
| | <i>City</i> | <i>State</i> | <i>ZIP Code</i> | | |
| Phone: | Area Code & Number | E-mail Address: | Enter E-Mail address | | |

| | | | |
|-----------------------|--------------------------|-----------------|------|
| Position Applied for: | Job you are applying for | Date Available: | Date |
|-----------------------|--------------------------|-----------------|------|

| | | | | | |
|-------------------------------------------|------------------------------|-----------------------------|------------------------------------------------|--------------------------------|-----------------------------|
| Are you a citizen of the United States? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If no, are you authorized to work in the U.S.? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Have you ever worked for this company? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If yes, when? | Enter dates you worked for DCL | |
| Have you ever been convicted of a felony? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If yes, explain: | Reason for conviction | |
| Are there specific times you cannot work? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If yes, when: | Days/Times you cannot work | |
| Do you have reliable transportation? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | | | |

Education

| | | | | | |
|--------------|-------------------|------------------------------|--------------------------------------|---------|---------------------------------------------------------------|
| High School: | Name of school | City/State | City & State where school is located | | |
| | Did you graduate? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Degree: | Diploma <input type="checkbox"/> GED <input type="checkbox"/> |
| College: | Name of College | City/State | City & State where school is located | | |
| | Did you graduate? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Degree: | Degree Achieved |
| Other: | Other Schools | City/State | City & State where school is located | | |
| | Did you graduate? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Degree: | Degree Achieved |

Previous Employment – Most Recent First

| | | | | | |
|----------------------------------------------------------|----------------------------------|-----------------------------|-------------|------------------------|-----------------------------|
| Company: | Most recent place you worked | | Phone: | Area Code & Number | |
| Address: | City and State | | Supervisor: | Who did you report to? | |
| Job Title: | Position held | Starting Salary: | \$ Wage | Ending Salary: | \$ Wage |
| Responsibilities: | Briefly describe your job duties | | | | |
| From: | Date | To: | Date | Reason for Leaving: | Why did you leave this job? |
| May we contact this employer/supervisor for a reference? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | | | |

Previous Employment continued:

| | | | | | |
|----------------------------------------------------------|---------------------------------------------------------------|--------------------------|-----------------------------------------------------|---------------------|----------------------------------------------------------|
| Company: | <input type="text" value="Name of previous employer"/> | Phone: | <input type="text" value="Area Code & Number"/> | | |
| Address: | <input type="text" value="City and State"/> | Supervisor: | <input type="text" value="Who did you report to?"/> | | |
| Job Title: | <input type="text" value="Position held"/> | Starting Salary: | <input type="text" value="\$ Wage"/> | Ending Salary: | <input type="text" value="\$ Wage"/> |
| Responsibilities: | <input type="text" value="Briefly describe your job duties"/> | | | | |
| From: | <input type="text" value="Date"/> | To: | <input type="text" value="Date"/> | Reason for Leaving: | <input type="text" value="Why did you leave this job?"/> |
| May we contact this employer/supervisor for a reference? | YES | NO | | | |
| | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| Company: | <input type="text" value="Name of previous employer"/> | Phone: | <input type="text" value="Area Code & Number"/> | | |
| Address: | <input type="text" value="City and State"/> | Supervisor: | <input type="text" value="Who did you report to?"/> | | |
| Job Title: | <input type="text" value="Position held"/> | Starting Salary: | <input type="text" value="\$ Wage"/> | Ending Salary: | <input type="text" value="\$ Wage"/> |
| Responsibilities: | <input type="text" value="Briefly describe your job duties"/> | | | | |
| From: | <input type="text" value="Date"/> | To: | <input type="text" value="Date"/> | Reason for Leaving: | <input type="text" value="Why did you leave this job?"/> |
| May we contact this employer/supervisor for a reference? | YES | NO | | | |
| | <input type="checkbox"/> | <input type="checkbox"/> | | | |

Military Service

| | | | | | |
|----------------------------|-----------------------------------------------------------------------|-------|-----------------------------------|-----|-----------------------------------|
| Branch: | <input type="text" value="In what Military Branch did you serve?"/> | From: | <input type="text" value="Date"/> | To: | <input type="text" value="Date"/> |
| Type of Training Received: | <input type="text" value="What was your specialty in the military?"/> | | | | |

Indicate any other military training that may qualify you for an open position with DCL:

| |
|-------------------------------------------------------------------------------------------------|
| <input type="text" value="Indicate any other military training that would apply to this job?"/> |
| <input type="text"/> |
| <input type="text"/> |

Tell us what additional skills or traits you possess that would make you DCL's candidate of choice:

| |
|-------------------------------------------------------------------------------------------------|
| <input type="text" value="Anything else you would like to tell us about your qualifications?"/> |
| <input type="text"/> |
| <input type="text"/> |

Disclaimer and Signature

I hereby certify that all of the information provided by me in this application (or any other accompanying or required documents) is correct, accurate, and complete to the best of my knowledge. I understand that the falsification, misrepresentation, or omission of any facts in said documents will be cause for denial of employment or immediate termination of employment regardless of the timing or circumstances of discovery.

I understand that submission of an application does not guarantee employment. I further understand that, should an offer of employment be extended by DCL, Inc. (hereinafter referred to as "DCL") that such employment with DCL is at will, for no specified duration and may be terminated by either DCL or myself at any time, with or without cause or notice. Any litigation arising from a subsequent employment relationship must be filed within 180 days from the event giving rise to the claim.

I understand that if offered a position with DCL, I may be required to submit to a pre-employment medical examination, drug screening, and background check as a condition of employment. I understand that unsatisfactory results from refusal to cooperate with, or any attempt to affect the results of these pre-employment tests and checks, could result in withdrawal of any employment offer or termination of employment if already employed.

I hereby authorize any and all schools, former employers, references, courts, and any others who have information about me to provide such information to DCL and/or any of its representatives, agents or vendors and I release all parties involved from any and all liability for any and all damage that may result from providing such information.

| | | | |
|------------|-------------------------------------------------------------------------------|-------|-----------------------------------|
| Signature: | <input type="text" value="Your full name here will be considered signature"/> | Date: | <input type="text" value="Date"/> |
|------------|-------------------------------------------------------------------------------|-------|-----------------------------------|

After completing this Application, you may submit in person at 8660 Ance Road, Charlevoix, MI 49720 or email confidentially to hr@dclinc.com