

Direct Solutions Flooring

Application for Sub Contractor

Our policy is to provide equal employment opportunity to all qualified persons without regard to race, creed, color, religious belief, sex, age, national origin, ancestry, physical or mental disability, or veteran status.

Subcontractors will be required to show proof of insurance and we must be assigned to Policy.

Business Name if applicable: _____

Last _____ First _____ Middle _____

Street Address _____

City _____ State _____ ZIP _____ Telephone _____

Position applied for _____ How did you hear of this opening? _____

When can you start? _____ Social Security # _____

Are you a U.S. citizen or otherwise authorized to work in the U.S. on an unrestricted basis? (You may be required to provide documentation.) Yes No

Are you looking for full-time employment? Yes No

Are you willing to work off hours, nights and weekends? Yes No

Have you ever been convicted of a felony? Yes No (This will not necessarily affect your application.)

If yes, please describe conditions. _____

Are you presently employed? Yes No May we contact your present employer? Yes No

Are you available for full-time work? Yes No Are you available part-time? Yes No

Are you willing to travel to DC? Yes No Date you can start _____

Please list applicable skills and certifications _____

Do you have an email address? Yes No If so what is address? _____

Do you have a computer and print sent documents? Yes No

Does your Cell phone have a camera and can you send pictures from it? Yes No

Education: School Name and Location Year Major Degree

High School _____

College _____

Other Training _____

In addition to your work history, are there are other skills, qualifications, or experience that we should consider?

Previous Employment:

1. Company Name _____

Address _____ Telephone _____

Name of Supervisor _____ May we contact? Yes No

Responsibilities _____

Reason for leaving _____

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2. Company Name _____
Address _____ Telephone _____
Name of Supervisor _____ May we contact? Yes No
Responsibilities _____

Reason for leaving _____

References:

List personal references, not related to you, who have known you for more than one year.

Name _____ Phone _____ Years Known _____

Address _____

Name _____ Phone _____ Years Known _____

Address _____

Emergency Contact

In case of emergency, please notify: _____

Name _____ Phone _____

Address _____

Please Read Before Signing:

I certify that all information provided by me on this application is true and complete to the best of my knowledge and that I have withheld nothing that, if disclosed, would alter the integrity of this application.

I authorize my previous employers, schools, or persons listed as references to give any information regarding employment or educational record. I agree that this company and my previous employers will not be held liable in any respect if a job offer is not extended, or is withdrawn, or employment is terminated because of false statements, omissions, or answers made by myself on this application. In the event of any employment with this company, I will comply with all rules and regulations as set by the company in any communication distributed to the employees.

In compliance with the Immigration Reform and Control Act of 1986, I understand that I am required to provide approved documentation to the company that verifies my right to work in the United States on the first day of employment. I have received from the company a list of the approved documents that are required.

I understand that employment at this company is "at will," which means that either I or this company can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment is continued on that basis. I hereby acknowledge that I have read and understand the above statements.

Signature _____ Date _____

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Immigration Reform and Control Act Requirement

In compliance with the Immigration Reform and Control Act of 1986, you are required to provide approved documentation that verifies your right to work in the United States prior to your employment with this company. Please be prepared to provide us with the following documentation in the event you are offered and accept employment with our company.

Any one of the following: (These establish both identity and employment authorization.)

1. U.S. Passport.
2. Certificate of U.S. Citizenship (issued by USCIS).
3. Certificate of Naturalization (issued by USCIS).
4. Resident alien card or other alien unexpired endorsement card, with photo or other approved identifying information which evidences employment authorization.
5. Unexpired foreign passport with unexpired endorsement authorizing employment.

Or one from List A and List B:

List A (These establish employment authorization.)

1. Social Security card.
2. Birth Certificate or other documentation that establishes U.S. nationality or birth.
3. Other approved documentation.

List B

1. Driver's license or similar government identification card with photo or other approved identifying information.
2. Other approved documentation of identity for applicants under age 16 or in a state that does not issue an I.D. card (other than a driver's license).

**Please email Completed application along
with all required Documentation to
office@dsfco.com**