

Answer all questions completely in your handwriting in ink. We are an Equal Opportunity Employer. No question on this application is intended to be discriminatory under any applicable Federal, State or Local Fair Employment Practices Law.

### I. PERSONAL INFORMATION

Last Name	First	Middle	Birth Date
Street Address			Home Phone
City/State/Zip		Email Address	Cell Phone
Have you ever been involuntarily terminated or requested to resign? <input type="checkbox"/> Yes <input type="checkbox"/> No	If hired, can you provide verification of your legal right to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No		Social Security Number - -
If you are under age 18, do you have a work Permit? <input type="checkbox"/> Yes <input type="checkbox"/> No	If required for the position, do you have a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No	If hired, would you have reliable transportation to and from work? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever worked under a different name? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes" Name:	Do you have friends or relatives working for our company? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes" Name and relationship:		
Emergency Contact Name:		Phone:	
Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No (convictions will not necessarily disqualify you for the position)		If "Yes" list offense, Date and Disposition of the Case	

### II. EMPLOYMENT INTEREST

Position Applied For	When can you start?	Wages/Salary desired	Negotiable? <input type="checkbox"/> Yes <input type="checkbox"/> No
Type of Employment Desired <input type="checkbox"/> Regular <input type="checkbox"/> Temporary <input type="checkbox"/> Permanent <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time			HOW WERE YOU REFERRED TO DS ENERGY SOLUTIONS?
How many hours can you work weekly? _____ Are Nights OK? _____ Are Weekends OK? _____			Would you be willing to work overtime? <input type="checkbox"/> Yes <input type="checkbox"/> No

### III. EDUCATION INFORMATION

School Level	Name and Location of School	Course of Study	Circle last grade completed	Did you graduate?	Degree or Diploma
High School			1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College/University			1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Post Graduate			1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Business/Trade			1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	

### IV. SKILLS – If Applicable for Position for Which You Are Applying

Typing Speed _____ wpm	10 KEY BY TOUCH <input type="checkbox"/> Yes <input type="checkbox"/> No	Foreign Languages (indicate proficiency to speak, read and write)
PC Skills (Indicate software used)		Other Office Machines (Describe)
List manufacturing machines you operate (Circle those you can set up)		List inspection/machinist tools you can use:
Describe mechanical background that may be related to the job desired		Do you read blueprints? <input type="checkbox"/> Yes <input type="checkbox"/> No
		Do you read schematics? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any experience, training, qualifications or skills which you think make you especially suited for work at this company? (Explain)		

### V. CHARACTER REFERENCES

List three (3) persons, NOT RELATED TO YOU, whom you have known at least one year:

NAME	ADDRESS	TELEPHONE	OCCUPATION
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

How did you hear about us? _____ _____ _____	Have you been employed here before? <input type="checkbox"/> Yes <input type="checkbox"/> No  If yes, give date: _____	Have you applied here before? <input type="checkbox"/> Yes <input type="checkbox"/> No  If yes, give date: _____
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**VI. EMPLOYMENT INFORMATION (Start with Current or Most Recent Employer)**

<b>1</b>	Company Name		Phone	From Mo./Yr.	From Mo./Yr.
	Street Address		City	State	Zip
	Starting Pay \$		Ending Pay \$		
	Job Title		Duties		Reason For Leaving
Supervisor Name		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			

  

<b>2</b>	Company Name		Phone	From Mo./Yr.	From Mo./Yr.
	Street Address		City	State	Zip
	Starting Pay \$		Ending Pay \$		
	Job Title		Duties		Reason For Leaving
Supervisor Name		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			

  

<b>3</b>	Company Name		Phone	From Mo./Yr.	From Mo./Yr.
	Street Address		City	State	Zip
	Starting Pay \$		Ending Pay \$		
	Job Title		Duties		Reason For Leaving
Supervisor Name		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			

  

<b>4</b>	Company Name		Phone	From Mo./Yr.	From Mo./Yr.
	Street Address		City	State	Zip
	Starting Pay \$		Ending Pay \$		
	Job Title		Duties		Reason For Leaving
Supervisor Name		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			

**ACKNOWLEDGMENT**

*Please read carefully, initial each paragraph, and sign below*

<b>INITIAL</b>	I authorize any person, school, current employer (except as expressly noted), past employer(s), and organizations named in this application form (and accompanying resume or other documentation, if any) to provide DESERT SOLAR INC DBA DS ENERGY SOLUTIONS with relevant information and opinion, personal or otherwise, that may be useful in making a hiring decision. I release all parties from all liability for any damage that may result from furnishing information and opinion to you.
<b>INITIAL</b>	In consideration of employment, I agree to obey the rules and standards of DESERT SOLAR INC DBA DS ENERGY SOLUTIONS. I understand that nothing contained in this application or in the interview process is intended to create a contract between DESERT SOLAR INC DBA DS ENERGY SOLUTIONS and myself for either employment or for the providing of any benefits. I agree that my employment is at-will and the terms of employment may be changed with or without cause, with or without notice, including but not limited to termination, demotion, promotion, transfer, compensation, benefits, duties and location of work, at any time, for any reason, at the option of myself or DESERT SOLAR INC DBA DS ENERGY SOLUTIONS. This constitutes my entire agreement with DESERT SOLAR INC DBA DS ENERGY SOLUTIONS with regard to the length of my employment.
<b>INITIAL</b>	I understand that as a condition of employment I may be required to take a post-offer/pre-employment physical examination that may include an alcohol and drug test. I further understand that at any time during my employment, I may be required to take a physical examination which may include an alcohol and drug test if management reasonably suspects a condition exists that will prevent me from performing my job in a manner that does not endanger my own health or the safety and health of others. I authorize all providers of health care who examine me to disclose to DESERT SOLAR INC DBA DS ENERGY SOLUTIONS or its agents, all medical information revealed during such examinations. I further authorize DESERT SOLAR INC DBA DS ENERGY SOLUTIONS to disclose such information to any other persons, if at any time my medical condition is put at issue in any proceeding by myself or others. In the event that I have a disability that will affect my ability to take the test, I will so inform DESERT SOLAR INC DBA DS ENERGY SOLUTIONS so that a reasonable accommodation can be made. DESERT SOLAR INC DBA DS ENERGY SOLUTIONS reserves the right to require medical documentation concerning the need for accommodation.
<b>INITIAL</b>	I understand that all offers of employment are conditioned upon my providing satisfactory documentary proof of my identity and legal right to live and work in the United States.
<b>INITIAL</b>	I hereby acknowledge that I have read the above statements and understand them. I certify that I, the undersigned applicant, have personally completed this application. I declare under penalty of perjury that the facts contained in the application (or any resume or other documents submitted) are true and complete to the best of my knowledge. I understand that any misrepresentations or omissions

**Applicant Signature:**

**Date:**