

EMPLOYMENT APPLICATION

Personal Information

Date of application _____

Name _____
Last First Middle

Other names you have used _____

Address _____
Street City State Zip Code

Home Telephone Number (_____) Social Security Number _____

May we contact you at work? Yes _____ No _____

If yes, work number and best time to call? (_____) Time _____

Position(s) applied for _____

How were you referred for this position: _____ Date available for work _____

Type of employment desired (please circle):

Regular Regular Casual
Full Time Part Time Part Time

Salary expected: \$ _____ Hourly _____ Monthly _____

Have you filed an application with Dahl's before? Yes _____ No _____

If yes, give date(s): _____

Have you ever been employed by Dahl's before? Yes _____ No _____

If yes, give dates and location(s). Date _____ Location _____

Under what name(s) were you employed? _____

If you are under 16, can you furnish a work permit? Yes _____ No _____

Are you legally eligible for employment in this country?
(Proof of this status will be required upon employment.) Yes _____ No _____

Have you ever been convicted of or pled guilty to, a felony?
(An affirmative answer will not necessarily preclude employment.) Yes _____ No _____

If yes, give date, place, charge and disposition. _____

Will you work outside of your prescheduled hours if required? Yes _____ No _____

For certain positions, Dahl's transfers employees among its stores located in the greater metropolitan area in which they were initially employed.

Are you willing to transfer among stores? Yes _____ No _____

If "yes," are there any restrictions? Yes _____ No _____ Explain _____

Educational Background

List Name and Location of High School, College, Trade or Business Schools Attended _____
Diploma or Degree _____

Skills and Qualifications: Summarize special skills and qualifications acquired from employment, education or other experiences that may qualify you for work with our Company.

List any additional information you would like us to consider:

List four professional or business people who have known you at least four years. Do not list relatives.

| Full Name | Complete Mailing Address & Phone No. | Occupation or Business | Years Known |
|------------|--------------------------------------|------------------------|-------------|
| Mr. Ms. | | | |
| Mr. Ms. | | | |
| Mr. Ms. | | | |
| Mr. Ms. | | | |

List any acquaintances or relatives employed by this Company:

| Full Name | Location/Position | Relationship |
|-----------|-------------------|--------------|
| | | |
| | | |

While there are a wide variety of jobs at Dahl's, with differing functions, there are some things that experience has indicated are uniform to the great bulk of positions. Please respond to the following questions that have been checked:

- () Are you aware of any circumstances that would preclude you, on a regular or periodic basis, from attending the full schedule of work?
Yes _____ No _____
- () Are you able to stand for a full 8-hour shift?
Yes _____ No _____
- () Are you able to engage in repetitive bending?
Yes _____ No _____
- () Are you able to engage in repetitive twisting of hands or body?
Yes _____ No _____
- () Are you able to routinely and repetitively lift up to 50 pounds to waist height?
Yes _____ No _____
- () Are you able to routinely and repetitively lift up to 20 pounds to heights above your head?
Yes _____ No _____

NOTE: You may be asked specific questions, in addition to those above, about the functions of the particular position you are seeking. Any indication of limitation or restriction will not preclude employment. You may, however, be asked information about the nature of any limitation for the purpose of determining what types of accommodations may be required to enable you to perform the essential functions of the particular job for which you are applying.

IMPORTANT AUTHORIZATION AND UNDERSTANDING

1. Completeness and accuracy of information. I represent that all of the information now or hereafter given by me in support of my application for employment is true and complete. I understand that any false or misleading information in support of my application may subject me to discharge at any time during the period of my employment.
2. Authorization for release of information and release from liability. I authorize you to verify any of the information given during the application process with appropriate individuals, companies, institutions, or agencies and I authorize them to release such information as you require, including my prior disciplinary employment record, without any obligation to give me written notice of disclosure. I hereby release you and them from any liability whatsoever as a result of such inquiries and disclosures.
3. Employment at will. I understand that if I am employed, I will be an employee at will. This means that either the employer or the employee may terminate the employment relationship with or without cause at any time.
4. No written, oral, or implied contracts. I understand that any written company documents, oral statements, or formal or informal policies are not to be construed as granting an express or implied employment contract and that I am not entitled to rely upon any such documents, statements or company policies as stating employment terms. The employment relationship with the Company may be modified only in writing directed to me by the President of the Company.
5. Benefits may be altered. I understand that the company at its option may change, delete, suspend, or discontinue any part or parts of its benefit program at any time without prior notice, both while persons are actively employed and while retired from the Company.

I acknowledge that I have read, understand, and accept the above terms.

Signature

Date

NOTE: THIS SECTION IS TO BE COMPLETED ONLY AFTER HIRE

Date of Birth: _____

Marital **Status:** _____

In case of Emergency, notify:

| | |
|---------|--------------|
| Name | Relationship |
| Address | |
| City | State |

(_____) _____
Telephone Number

NEW EMPLOYEES ARE ALSO REQUESTED TO COMPLETE A CENSUS FORM. INFORMATION ON THAT FORM IS USED SOLELY TO MEET CERTAIN GOVERNMENT-MANDATED REPORTING REQUIREMENTS.