



**EMPLOYMENT HISTORY – THIS SECTION MUST BE ENTIRELY COMPLETED. Below, list ALL paid or unpaid work experience for the past 15 years, beginning with the most current or most recent job.** Include military experience. Describe each job separately, emphasizing your specific duties and responsibilities including management, supervisory, or other leadership roles. Explain significant breaks in your work experience. If more space is required, attach additional sheets

Employer:		Dates (mm/dd/yy): From: _____ To: _____	
Address:		<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time
Position Held:		May we contact employer? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Reason for Separation:			
Supervisor's Name:		Telephone Number:	
Starting Pay: \$ _____	<input type="checkbox"/> Hourly <input type="checkbox"/> Annually	Ending Pay: \$ _____	<input type="checkbox"/> Hourly <input type="checkbox"/> Annually
Duties/Responsibilities:			

Employer:		Dates (mm/dd/yy): From: _____ To: _____	
Address:		<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time
Position Held:		May we contact employer? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Reason for Separation:			
Supervisor's Name:		Telephone Number:	
Starting Pay: \$ _____	<input type="checkbox"/> Hourly <input type="checkbox"/> Annually	Ending Pay: \$ _____	<input type="checkbox"/> Hourly <input type="checkbox"/> Annually
Duties/Responsibilities:			

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Reason for Separation:			
Supervisor's Name:		Telephone Number:	
Starting Pay: \$ _____	<input type="checkbox"/> Hourly <input type="checkbox"/> Annually	Ending Pay: \$ _____	<input type="checkbox"/> Hourly <input type="checkbox"/> Annually
Duties/Responsibilities:			

**(USE ADDITIONAL SHEETS FOR WORK HISTORY IF NECESSARY)**

### DRIVER'S LICENSE REQUIREMENTS

Some positions require a valid driver's license. If you currently have a valid driver's license (from any state), please fill in the blanks below. If the position requires a Commercial Driver's License (CDL), successful candidates will fill out an additional form with their recruiter.

Driver's License Number:	State of Issue:	Expiration Date:
Has your driver's license ever been suspended or revoked for any reason? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain when, where, and why:	

### CONVICTIONS/CRIMINAL HISTORY/BACKGROUND CHECKS

Have you ever been convicted of any violation of the law, other than for minor traffic violations? (A DWI/DUI must be listed.) <input type="checkbox"/> <b>No</b> <input type="checkbox"/> <b>Yes</b> If "Yes", Please explain below. (Disclosing information about convictions will not result in automatic disqualification for consideration for employment.)

### COMPUTER KNOWLEDGE

	Software (be specific):	Hardware (i.e., IBM, MAC)
Word Processing:		
Spreadsheets:		
Database:		

List three references (other than relatives) who have knowledge of your work experience and abilities:	
Name:	Phone (    )
Name:	Phone (    )
Name:	Phone (    )

Do you currently have relatives working for DTN? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If "Yes," Company:	Relationship:	Work Location:

How did you learn of this position? <input type="checkbox"/> Newspaper Advertisement <input type="checkbox"/> DTN Website <input type="checkbox"/> Job Hotline <input type="checkbox"/> Friend <input type="checkbox"/> DTN Employee: _____ <input type="checkbox"/> Walk-in <input type="checkbox"/> Other: _____
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## CERTIFICATION

- I certify that I have answered truthfully and have not knowingly withheld any information in my application or during any interview(s).
- I understand that any false information or misrepresentation will result in my being eliminated from further consideration or, in the case I am employed by DTN, or one of its subsidiaries, may result in my immediate discharge at any time during my employment.
- I understand that DTN is an at-will employer. This means that the company or I can terminate the employment relationship at any time, with or without cause.
- I understand that I do not have an agreement for employment for any specified period of time and that no company representative with whom I may have interviewed with has the authority to make such an agreement or any contrary agreement.
- I authorize confirmation of all statements on this application for employment as may be necessary in arriving at the employment decision.
- I release DTN and any previous employers and supervisors from liability for any claims or injuries that may result from furnishing information to DTN.

Signature: _____	Date: _____
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### AN EQUAL OPPORTUNITY AND AN AFFIRMATIVE ACTION EMPLOYER

## VOLUNTARY AFFIRMATIVE ACTION DATA SHEET

We ask that all applicants fill out this form, but it is not required to obtain employment. This information is used to comply with Federal, State, and local fair employment practice laws. This information will be maintained separately, in a confidential file, from the application form. All qualified applicants will receive consideration for employment without regard to race, color, religion, national origin, sex, age, disability, veteran status, marital status, pregnancy, or parenthood. Inquiries concerning the application of the Federal, State, and local regulations may be directed to DTN' Equal Employment Opportunity Office, 1031 Zorn Ave, Louisville, KY 40207, telephone number (502) 222-3691.

Date of Birth:	
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Disabled:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Race:	<input type="checkbox"/> White (W)
	<input type="checkbox"/> African American (Black) (B)
	<input type="checkbox"/> Alaska Native/American Indian (N)
	<input type="checkbox"/> Asian/Pacific Islander (A)
	<input type="checkbox"/> Hispanic (H)
	<input type="checkbox"/> Other (O)
Veteran Status:	<input type="checkbox"/> Disabled (30% or more) (DV)
	<input type="checkbox"/> Vietnam-era (at least six months' service between 8/5/65 and 5/7/75 (VEV)
	<input type="checkbox"/> Veteran (VET)

INTERVIEWER TO COMPLETE

Name: \_\_\_\_\_  
Last
First
MI

Today's Date: \_\_\_\_\_ Job No.: \_\_\_\_\_