



Apply via e-mail, fill out the below application and save to your computer, attach your resume and completed application to an e-mail, and send to [HR@denniscorporation.com](mailto:HR@denniscorporation.com)

## Employment Application

*Federal law prohibits discrimination in hiring or employment on the basis of race, color, sex, religion, disability, national origin, citizenship, or on the basis of age. No question on this application is intended to secure information to be used for such discrimination. Proof of identity and work authorization will be required upon employment in accordance with federal regulations. **This Company plans to verify the accuracy of the statements you make on this application.** This application will receive consideration for **sixty (60) days**. If you have not heard from the Company within sixty days and wish to receive further consideration for employment, you must reapply in person.*

APPLICANT INFORMATION			
Last Name:	First:	M.I.:	Date:
Street Address:		Apartment/Unit #:	
City:	State:	ZIP:	
Home Phone:	Cell Phone:		
E-mail Address:			
Date Available:	Desired Salary: \$		
Position Applied For:			
Are you legally eligible for employment in the United States?		YES <input type="radio"/>	NO <input type="radio"/>
Have you ever worked for this company?		YES <input type="radio"/>	NO <input type="radio"/> If so when?
Have you ever been convicted of a crime other than a minor traffic violation?		YES <input type="radio"/>	NO <input type="radio"/>
If "yes", please state citation, date, and place where offense occurred. A "yes" response will not automatically disqualify you from consideration.			

EDUCATION					
School	Name and Location	Major Course of Study	Number of Years Attended	Graduated	Degree
High				<input type="radio"/> YES	
				<input type="radio"/> NO	
College or University				<input type="radio"/> YES	
				<input type="radio"/> NO	
Graduate				<input type="radio"/> YES	
				<input type="radio"/> NO	
Other				<input type="radio"/> YES	
				<input type="radio"/> NO	
Subjects of specialization which are relevant to position desired:					

**PROFESSIONAL REGISTRATIONS AND CERTIFICATIONS**

	Type	State	Number
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			

List all professional societies in which you are a member that are relevant to position desired:

**PREVIOUS EMPLOYMENT (Please List Most Recent First)**

Company:		Phone:	
Address:		Supervisor:	
Job Title:	Starting Salary: \$		Ending Salary: \$
Responsibilities:			
From:	To:	Reason for Leaving:	
May we contact your previous supervisor for a reference? YES <input type="radio"/> NO <input type="radio"/>			
Company:		Phone:	
Address:		Supervisor:	
Job Title:	Starting Salary: \$		Ending Salary: \$
Responsibilities:			
From:	To:	Reason for Leaving:	
May we contact your previous supervisor for a reference? YES <input type="radio"/> NO <input type="radio"/>			
Company:		Phone:	
Address:		Supervisor:	
Job Title:	Starting Salary: \$		Ending Salary: \$
Responsibilities:			
From:	To:	Reason for Leaving:	
May we contact your previous supervisor for a reference? YES <input type="radio"/> NO <input type="radio"/>			
Company:		Phone:	
Address:		Supervisor:	
Job Title:	Starting Salary: \$		Ending Salary: \$
Responsibilities:			
From:	To:	Reason for Leaving:	
May we contact your previous supervisor for a reference? YES <input type="radio"/> NO <input type="radio"/>			

## SOFTWARE PROFICIENCY

Please check all that apply and note years of experience:

<input type="checkbox"/> ArcInfo	Years ____	<input type="checkbox"/> Geopak	Years ____	<input type="checkbox"/> Land Development Desktop	Years ____	<input type="checkbox"/> Publisher	Years ____
<input type="checkbox"/> ArcView	Years ____	<input type="checkbox"/> GIS	Years ____	<input type="checkbox"/> Microstation	Years ____	<input type="checkbox"/> Photoshop	Years ____
<input type="checkbox"/> AutoCad	Years ____	<input type="checkbox"/> GPS	Years ____	<input type="checkbox"/> MicroPaver	Years ____	<input type="checkbox"/> SIMMOD	Years ____
<input type="checkbox"/> AutoTrack	Years ____	<input type="checkbox"/> HEC	Years ____	<input type="checkbox"/> NAVADS	Years ____	<input type="checkbox"/> Synchro	Years ____
<input type="checkbox"/> AutoTurn	Years ____	<input type="checkbox"/> HEC-2	Years ____	<input type="checkbox"/> PASSER II	Years ____	<input type="checkbox"/> Transit-7F	Years ____
<input type="checkbox"/> CORSIM	Years ____	<input type="checkbox"/> HECRAS	Years ____	<input type="checkbox"/> PowerPoint	Years ____	<input type="checkbox"/> TransCad	Years ____
<input type="checkbox"/> DrainMod	Years ____	<input type="checkbox"/> Inroads	Years ____			<input type="checkbox"/> Word	Years ____
<input type="checkbox"/> Excel	Years ____	<input type="checkbox"/> _____	Years ____			<input type="checkbox"/> _____	Years ____

## REFERENCES

Please list three former employers as professional references:

Full Name:	Relationship:
Company:	Phone:
Address:	
Full Name:	Relationship:
Company:	Phone:
Address:	
Full Name:	Relationship:
Company:	Phone:
Address:	

## DRIVING INFORMATION

Do you have a current driver's license? YES <input type="radio"/> NO <input type="radio"/>			
Class:	State:	Lic. No.:	Expiration Date:
Has your driver's license ever been suspended or revoked? YES <input type="radio"/> NO <input type="radio"/>			
If "yes" please explain the circumstances:			
Please list all moving traffic violations received in the past five (5) years:			
Offense:	Date:	Location:	
Offense:	Date:	Location:	
Offense:	Date:	Location:	
Offense:	Date:	Location:	
Offense:	Date:	Location:	

## MILITARY SERVICE

Government contractors must take affirmative action to employ and advance certain qualified individuals subject to the rehabilitation Act of 1973 and the Vietnam Era Veterans Readjustment Act of 1974. Completion of the following information is voluntary, and will assist us in a proper placement and reasonable accommodation. If you wish to be identified as qualifying for such placement or accommodation, please check where applicable:

<input type="checkbox"/> _____ Veteran	<input type="checkbox"/> Disabled Veteran	<input type="checkbox"/> Individual with a Disability	
Branch:		From:	To:
Rank at Discharge:		Type of Discharge:	
If other than honorable please explain:			