

Employment Application



PLEASE READ CAREFULLY. Datum Filing Systems is an Equal Opportunity Employer. Datum Filing Systems is dedicated to a policy of nondiscrimination on any basis including race, color, religion, age, sex, marital status, national origin, political affiliation, veteran or disabled status. If a reasonable accommodation, help, or assistance is needed, please contact the Human Resources Department.

We appreciate your interest in seeking employment with Datum Filing Systems. A clear understanding of your background and work experience will aid us in considering you for the position that best meets your qualifications. Please fully complete all sections, leaving no gaps in your employment record. Failure to provide us a complete application may result in your application not being considered.

This application is the first impression Datum Filing has of you as a potential employee. It gives us information regarding you and your background, as well as information regarding your ability to follow instructions.

1. Your information must be legible; please print or type.
2. All addresses and phone numbers must be complete. These are used to contact previous employers and verify references.
3. Applications are active for sixty days after completion by an applicant. An applicant wishing to be considered for another position after the sixty days must file a new application.

IMPORTANT



NOTICE TO APPLICANTS AND EMPLOYEES: We are proud to be a drug-free workplace.

Screening tests for illegal drug use may be required before hiring and during your employment here.

Applicants are conditionally hired based on the successful completion of a drug screen test; a motor vehicle report (for positions requiring a driver's license); and a reference check. Job offers may be withdrawn due to the applicant's failure to successfully complete any of the above post offer requirements. An applicant who is otherwise qualified to perform the job applied for will not be discriminated against on the basis of a disability.

OFFICE USE ONLY
Interviewed Yes No
Date Interviewed: _____

DATUM FILING SYSTEMS, INC.

89 Church Road, P.O. Box 355
Emigsville, PA 17318-0355
717-718-8390

APPLICATION FOR EMPLOYMENT

Please complete the application by typing or clearly printing in dark ink. If your application materials do not clearly show you meet the qualifications of the job for which you are applying, your application will not be accepted.

Position Applying For: _____

PERSONAL INFORMATION

Date of Application: _____

Name: _____
(Last) (First) (Middle Initial)

Social Security Number: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Area Code and Home Phone: _____

Area Code and Alternate Phone: _____

E-Mail Address: _____

Driver's License #: _____

Has your Driver's License ever been suspended or revoked? Yes No

If yes, please explain: _____

Have you ever worked for Datum before? Yes No

When? _____ Supervisor: _____

Have you ever been convicted, pled no contest, had adjudication withheld, or had prosecution deferred on any misdemeanor, felony, DUI, or do you have any of these charges pending against you?

Yes No

If yes, please explain fully: _____

Note: A conviction does not necessarily prevent your application from consideration. The nature, year of your conviction, age, number of convictions, and the job for which you are applying are all taken into consideration. Regardless of how you answer this question, all background checks will be performed.

WORK SCHEDULE AVAILABILITY

Check Which Shift:

Day (1st) Evening (2nd) Night (3rd) Specify Shift Hours: _____

Check Only One: Part Time Full Time

Date You Can Report For Work: _____

Pay Rate Desired: _____

Are you willing to accept employment which requires you to travel:

No Yes If Yes, during the day only

Are you willing to provide your own transportation if necessary for your employment:

No Yes

EDUCATION/TRAINING HISTORY

Circle highest school grade completed: 1 2 3 4 5 6 7 8 9 10 11 12

High school diploma or GED: Yes No

Name and address (City and State) of last high school attended:

Name and Location of College, University or Technical School	Course of Study (List Major)	Did You Graduate? (Yes/No)	Degree or Certification Received (AA, BA, BS, MA, PhD)

LICENSE/REGISTRATION/CERTIFICATE

List any **required** professional license, registration, certificate or Commercial Driver’s License (CDL), etc.

DESCRIPTION	STATE	NUMBER	EXPIRATION
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

SPECIALIZED SKILLS AND KNOWLEDGE

List skills or knowledge that shows your ability to perform the job for which you are applying (such as typing speed, computer languages or software programs, foreign languages, etc.). Attach additional pages as needed.

WORK HISTORY

List all employers for at least the previous 3 positions held. Start with present or most recent and work backward. Use blank sheets if necessary. **LEAVE NO BLANKS AND BE SPECIFIC IN YOUR ANSWERS.**

JOB NUMBER ONE

Name of Employer: _____

Employer's Phone Number: _____

Kind of Business: _____

Supervisor's Name: _____

Your Job Title: _____

From: _____ To: _____
(Month, Year) (Month, Year)

Duties: List all duties you performed. Attach an additional sheet if needed.

Reason for Leaving: _____

JOB NUMBER TWO

Name of Employer: _____

Employer's Phone Number: _____

Kind of Business: _____

Supervisor's Name: _____

Your Job Title: _____

From: _____ To: _____
(Month, Year) (Month, Year)

Duties: List all duties you performed. Attach an additional sheet if needed.

Reason for Leaving: _____

JOB NUMBER THREE

Name of Employer: _____

Employer's Phone Number: _____

Kind of Business: _____

Supervisor's Name: _____

Your Job Title: _____

From: _____ To: _____
(Month, Year) (Month, Year)

Duties: List all duties you performed. Attach an additional sheet if needed.

Reason for Leaving: _____

Skills And Knowledge

Check those areas where you feel proficient. Explain skills, knowledge or training you possess which relates to the position(s) for which you are applying. You may add additional information in order to clarify your skill level. If additional space is needed, attach a separate sheet, or use the back of this form.

Manufacturing

1. Can you proficiently read a tape measure in inches? Yes No
2. Can you proficiently use hand calibration equipment? Yes No
3. Can you read blueprints? Yes No
4. Do you have experience operating/driving a lift truck? Yes No
5. A job may require repetitive wrist and hand movement. Can you perform this job duty? Yes No
6. A position may require repetitive moving, lifting of desks and office components weighing 75 pounds throughout the workday. Can you perform this job duty? Yes No

If no, what is the maximum amount of weight that you can safely move on a daily basis? _____

7. List any shipping/receiving experience: _____
-
-

Office

Check qualifications and skills as appropriate; add any relevant information.

1. Administration

- Word Processing _____
- Computerized database management _____
- Office Equipment, including fax, copier, calculator _____
- Correspondence, including composition and grammar _____

2. Customer Service

- Telephone Skills _____
- Problem Resolution _____

3. Accounting

- Bookkeeping, AP/AR, general ledger, bank reconciliation
- Accounting, including adjusting entries, month and year-end financial statements
- Computerized accounting programs
- Design of financial and statistical reports, including preparation and analysis

4. Supervision

- Direct supervisor of personnel
- Goal setting
- Problem analysis and development of solutions

DATUM FILING SYSTEMS, INC.

**89 Church Road, P.O. Box 355
Emigsville, PA 17318-0355
1-800-828-8018**

CERTIFICATION AND SIGNATURE

I understand that any verbal or written statement that is false, fraudulent or misleading contained in this application or attached materials, or made in the course of any related employment process, whether made by me or by others at my request, will result in rejection of my application, denial of employment, or dismissal from state service if discovered after employment, and under some circumstances, may result in prosecution for a crime. I certify that all statements contained herein are true and complete whether made by others or me at my request. I understand that if hired, I must prove that I am legally authorized to work in the United States. I authorize Datum Filing Systems to check employment references and verify education information provided on this employment application and as disclosed in the interview process. I authorize Datum Filing Systems to check my driving record if the position for which I am applying requires driving. I acknowledge that I may be asked to submit to a pre-employment drug test and/or criminal history background check as a condition of employment. I release Datum Filing Systems, Inc. and all providers of information from any liability as a result of furnishing and receiving any information related to Datum's hiring process.

Signature (Must Be Signed In Ink)

Date: _____

THANK YOU FOR YOUR INTEREST IN EMPLOYMENT WITH DATUM FILING SYSTEMS

DATUM FILING SYSTEMS, INC.

89 Church Road, P.O. Box 355
Emigsville, PA 17318-0355
1-800-828-8018

DISCLOSURE AND AUTHORIZATION FOR BACKGROUND INVESTIGATION

I understand that in connection with my application for employment (including contracts for service), Datum Filing Systems, Inc. will verify the information I have provided. I hereby authorize Datum Filing Systems, Inc. and/or entity directed by Datum prior to or at any time after my employment commences to obtain a consumer report for employment purposes. I understand this consumer report may include inquiries regarding my work history; court records, including criminal convictions records, as permitted by law; driving history; verifications of Social Security number; and references obtained from professional and personal associates.

I hereby authorize all previous employers, educational institutions, consumer reporting agencies and other persons or entities having information about me to provide such information to Datum Filing Systems, Inc. or other entities that obtain information for Datum. I further fully release Datum, its employees, officers, directors, agents, successors and assigns, and all other parties involved in the investigation, from any claim or action for any liability whatsoever related to the process or results of the background/reference investigation.

I understand results of my background check may be used in determining whether to make me an offer of employment and other employment decisions, and that the Disclosure Authorization is not an offer for employment by Datum or a contract with Datum. I further understand that no representative of Datum Filing Systems, Inc., other than the President of the company, has the authority to enter into any agreement for employment for any specified period of time, or to otherwise alter Datum's At-Will Employment Policy.

Dated: _____

Applicant Signature: _____

Print Name: _____

Applicant Name: _____ **Date:** _____

RECRUITMENT TRACKING INFORMATION
PLEASE COMPLETE THE FOLLOWING INFORMATION:

Job Applied For: _____

How Did You Learn About This Position:

- Newspaper (List Publication) _____
- State Jobs Page (www.pacareerlink.state.pa.us) _____
- Employment Office _____
- Datum's Website (www.datumfiling.com) _____
- Other Website (List Site) _____
- Employee Referral (Name of Referral) _____
- Other: (please be specific) _____

VOLUNTARY INFORMATION

The information you provide below is voluntary.

AFFIRMATIVE ACTION

Datum Filing Systems has an Affirmative Action Policy. If you choose to provide this information, it will help us evaluate the effectiveness of our affirmative action programs.

ETHNIC BACKGROUND (CHECK ONLY ONE)

- Caucasian (White)
- Black/African American
- Hispanic/Latino
- Native Hawaiian or other Pacific Islander
- Asian
- American Indian or Alaska Native
- Two or more races

Gender: MALE FEMALE

Disabled: YES NO

(Checking the "Yes" box has no effect on an employer's obligation to provide reasonable accommodation under State and Federal disability laws.)

Veteran: YES NO