



# Desbuild Incorporated

4744 Baltimore Ave, Hyattsville MD 20781-2231

Phone: 301-864-4095 Fax: 301-864-3856

## EMPLOYMENT APPLICATION

PLEASE PRINT

BLUE OR BLACK INK ONLY

We are an equal opportunity employer

Position(s) applied for:		Date:
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Last Name:	First Name:	Middle Name:
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Address:

(Street) (City) (State) (Zip)

Place of Birth:

Social Security Number:	Phone Numbers:	Home:
		Cell:

Name as appears on SS Card	Pager:
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**Please answer the following questions:**

How did you learn of our company?  Advertisement  Employment Agency  
 Walk in  Friend  Relative  Other \_\_\_\_\_

Place of Birth/Citizenship:(City, State & Country) \_\_\_\_\_

Are you under 18 years of age?  (If yes, provide proof of eligibility)  Yes  No

Have you ever filed an application with us before?  Yes  No  
 If yes, provide date applied \_\_\_\_\_

Have you ever been employed with us?  Yes  No  
 If yes, provide date employed \_\_\_\_\_

May we contact your present employer?  Yes  No

Are you available to work:  Full Time  Part Time  Shift Work  Temporary?

Are you currently on temporary lay-off status and subject to recall?  Yes  No

Do you have reliable transportation?  Yes  No

Can you travel to job sites, if required?  Yes  No

Have you been convicted of a crime in the past seven (7) years?  Yes  No

Note: Convictions will not necessarily disqualify an applicant

If yes, please explain: \_\_\_\_\_

Applications for all positions are considered without regards to race, color, gender, religion, national origin, age, marital and/or veteran status, sexual orientation, the presence of a non-job related medical condition or handicap, or any other legally protected status.

As an employer we comply with all government regulations, including Affirmative Action Programs.

Government agencies may require periodic reports on the gender, ethnicity, handicap, veteran and other statuses of our employees. This data is for statistical purposes only.

Although submission of this information is optional, we request you voluntarily answer the following four questions. This data is kept confidential and will not affect your employment, or any employment decision.

1. Ethnic Origin (Please Check One)  
 Am. Indian/Alaskan Native     Afro-American     Caucasian  
 Asian/Pacific Islander     Hispanic     Other

2. Veteran Status  
 Vietnam Era Veteran     Disabled Veteran     Handicapped Individual

3. Gender:     Male     Female    4. Date of Birth

**(Please Print) Education Blue or Black Ink only**

School	High	Speciality	Undergraduate	Graduate Studies
School Name & Location				
Years Completed	1 / 2 / 3 / 4	1 / 2 / 3 / 4	1 / 2 / 3 / 4	1 / 2 / 3 / 4 / 5
Course of Study Major/Minor				
Describe any Specialized Training, skills, apprenticeship, or extra-curricular activities.				
Describe any Honors you have Received				
Please state any information you feel may be helpful to us in considering your application.				

**Please indicate any foreign languages you know:**

Lang:	Speak			Read			Write			Certification
Level	Fluent	Good	Fair	Fluent	Good	Fair	Fluent	Good	Fair	Or Degree
Spanish										
French										

**Please list Professional, trade, business or civic activities and offices held**

You may exclude memberships which would reveal race, religion, sexual orientation, age, ancestry, handicap or other protected status.


**References:**

Please provide name, address, and phone number of three persons whom are not related to you, nor whom you have worked for.

**Please answer the following questions:**

**We are an equal opportunity employer**

Have you had any job related training in the United States Military?  Yes  No

If 'Yes', Please describe: \_\_\_\_\_

Are you physically and mentally capable to perform the duties of the job for which you are applying?  Yes  No

**Special Skills and Qualifications**

Please summarize special job related skills and qualifications

**Emergency Contacts**

Please provide the names, address, and day time phone numbers of persons whom should be contacted in case of an emergency.

**Applicant's Statement**

I certify that all the answers given herein are true and complete to the best of my knowledge.

I hereby authorized Desbuild Incorporated to investigate all statements contained in this application.

This application for employment shall be considered active for a period of time not to exceed 45 days.

Any applicant wishing to be considered beyond this time period should inquire as to whether or not applicants are being accepted at that time for the position applied for.

I hereby understand and acknowledge that unless otherwise defined by applicable laws, any employment relationship with **Desbuild Incorporated** is of an "AT WILL" nature, which means that the employee may resign at any time and the employer may discharge the said employee at any time with or without cause.

It is further understood that this "AT WILL" employment nature may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of **Desbuild**.

In the event of employment, I understand any misleading information contained in this application, resume, or interview(s) may result in immediate discharge. I understand I am required to abide by all rules and regulations as defined by **Desbuild Incorporated**.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

**For Personnel Department Use Only**

Position(s) Considered for: \_\_\_\_\_

Is the Position applied for open? \_\_\_\_\_ Yes \_\_\_\_\_ No

Arrange Interview? \_\_\_\_\_ Yes \_\_\_\_\_ No

Interview Date: \_\_\_\_\_ Time: \_\_\_\_\_

Remarks & Notes: \_\_\_\_\_

Employed: \_\_\_\_\_ Yes \_\_\_\_\_ No

Job Title: \_\_\_\_\_ Salary/Hourly Rate: \_\_\_\_\_

Employment Date: \_\_\_\_\_

Department: \_\_\_\_\_

Benefits: \_\_\_\_\_

Authorized by: \_\_\_\_\_

Date: \_\_\_\_\_

Signature

## EMPLOYEE NON-DISCLOSURE AGREEMENT

FOR GOOD CONSIDERATION, and in consideration of being employed by **Desbuild Incorporated**, the undersigned employee [\_\_\_\_\_] hereby agrees and acknowledges:

1. That during the course of my employment there may be disclosed to me certain trade secrets of the Company; said trade secrets consisting but not necessarily limited to:

(a) Technical information: Methods, processes, formulae, compositions, systems, techniques, inventions, machines, computer programs and research projects.

(b) Business information: Customer lists, pricing data, sources of supply, financial data and marketing, production, or merchandising systems or plans.

2. I agree that I shall not during, or at any time after the termination of my employment with the Company, use for myself or others, or disclose or divulge to others including future employees, any trade secrets, confidential information, or any other proprietary data of the Company in violation of this agreement.

3. That upon the termination of my employment from the Company:

(a) I shall return to the Company all documents and property of the Company, including but not necessarily limited to: drawings, blueprints, reports, manuals, correspondence, customer lists, computer programs, and all other materials and all copies thereof relating in any way to the Company's business, or in any way obtained by me during the course of employ. I further agree that I shall not retain copies, notes or abstracts of the foregoing.

(b) The Company may notify any future or prospective employer or third party of the existence of this agreement, and shall be entitled to full injunctive relief for any breach.

(c) This agreement shall be binding upon me and my personal representatives and successors in interest, and shall inure to the benefit of the Company, its successors and assigns.

Signed this: \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Employee Name:

\_\_\_\_\_  
Employee Signature:

Witness: \_\_\_\_\_