



**PLEASE COMPLETE IN DETAIL**

*Resumes will not be accepted in lieu of completing this portion of the application.*

<b>EMPLOYMENT EXPERIENCE</b>	Start with your present or last job. Include any job-related military service assignments, part time and self-employment. You may exclude associations which indicate race, color, religion, gender, national origin, disability or other protected status.				
	EMPLOYER	CITY/STATE	PHONE	FROM - MO/YR	TO - MO/YR
	YOUR TITLE	SUPERVISOR & TITLE	STARTING SALARY	ENDING SALARY	REASON(S) FOR LEAVING
	BRIEFLY DESCRIBE YOUR RESPONSIBILITIES				
	EMPLOYER	CITY/STATE	PHONE	FROM - MO/YR	TO - MO/YR
	YOUR TITLE	SUPERVISOR & TITLE	STARTING SALARY	ENDING SALARY	REASON(S) FOR LEAVING
	BRIEFLY DESCRIBE YOUR RESPONSIBILITIES				
	EMPLOYER	CITY/STATE	PHONE	FROM - MO/YR	TO - MO/YR
	YOUR TITLE	SUPERVISOR & TITLE	STARTING SALARY	ENDING SALARY	REASON(S) FOR LEAVING
	BRIEFLY DESCRIBE YOUR RESPONSIBILITIES				
<i>Note: If necessary, use separate sheet to list additional employers.</i>					
Summarize <i>job-related</i> skills, training and/or qualifications acquired from employment, military, or other experience.					

<b>REFERENCES</b>	<i>Include three (3) persons you have known for at least one year and who are familiar with your work or academic background (excluding relatives).</i>			
	Name	Position & Company	Address (City, State)	Phone

**IMPORTANT - conditions of employment - please read carefully before signing.**

- I hereby authorize DXP Enterprises, Inc. to conduct now, or at anytime while employed with "DXP" or any of its affiliates, a public record(s) search report containing information for verification of prior employment, academic achievement, (financial history, use of motor vehicle, if applicable to the job), general background and personal character that may have related information to this application. In connection with an offer of employment "DXP" may request a post offer drug test, medical inquiries and/or examination for purpose of establishing and verifying the performance of essential job functions.
- I release "DXP" and all its subsidiaries, collectors and testing laboratories, their employees, agents and contractors from all liability relating to this testing and the decisions arising from the results of the test which may affect any employment offer that has been extended to me.
- I certify that the information provided herein is correct to the best of my knowledge and recognize that false or omitted information will result in employment refusal or termination without notice.
- I understand that applying for employment with "DXP" shall in no way imply a guarantee or promise of employment. If employed, I understand that my employment by "DXP" may be terminated at will for any reason, and I may voluntarily terminate my employment at any time for any reason.
- I further understand that I will not disclose, or use for my own benefit or purpose any trade secrets or confidential information.
- I understand that it is the policy of DXP not to refuse to hire/otherwise discriminate against a qualified individual with a disability because of that persons need for a reasonable accommodation as required by ADA.
- I also understand that this application becomes inactive and no longer under consideration 3 months from date of application.

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_

**X**

<b>Emergency Contact Information</b>	
Name: _____	(Home Phone) _____
Address (City, State) _____	(Work Phone) _____