

APPLICATION FOR EMPLOYMENT



Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin, handicap or veteran status. We are an equal opportunity employer.

(PLEASE PRINT)

Personal

Last Name	First	Middle	Date
Street Address			Home Telephone ()
City, State, Zip			Business Telephone ()
Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No Information regarding conviction record will not necessarily bar an applicant from employment; Individual circumstances will be considered relative to the job sought.			Email Address
Have you ever applied for employment with us? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: Month and Year _____			
Position Desired			Pay Expected
Apart from absence for religious observance, are you available for full-time work? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, what hours can you work? _____			Will you work overtime?
Are you legally eligible for employment in the United States? _____		Do you have any relatives that work for HHHS? _____ Who? _____	
When can you start?			

Education

School	Name & Location of School	Did you graduate?	Degree/Major?
High School			
Business/Trade/Technical			
College			
Graduate			

References *(Work references)*

Name	Address	Phone Number

Special Training or Skills

Other special training or skills (languages, animal care, computer, etc.)

Employment

Start with your present or most recent employer

Company Name	Telephone
Address	Employed from (month & year) From _____ To _____
Name of Supervisor	Hourly Weekly Yearly Wage (circle one) Start _____ End _____
Job title & description of work	Reason for leaving <input type="checkbox"/> May we contact them?

Company Name	Telephone
Address	Employed from (month & year) From _____ To _____
Name of Supervisor	Hourly Weekly Yearly Wage (circle one) Start _____ End _____
Job title & description of work	Reason for leaving <input type="checkbox"/> May we contact them?

Company Name	Telephone
Address	Employed from (month & year) From _____ To _____
Name of Supervisor	Hourly Weekly Yearly Wage (circle one) Start _____ End _____
Job title & description of work	Reason for leaving <input type="checkbox"/> May we contact them?

We may contact the employers listed above unless you indicate those you do not want us to contact

Signature

The information provided in this Application for Employment is true, correct and complete. If you employ me, any misstatement or omission of fact on this application may result in my dismissal.

I understand that acceptance of an offer of employment creates no obligation upon you, the employer, to continue to employ me in the future.

_____ Date

_____ Signature