

## APPLICATION FOR EMPLOYMENT

All applicants are considered for all positions without regard to race, religion, color, sex, gender, sexual orientation, pregnancy, age, national origin, ancestry, physical or mental disability, severe/morbid obesity, medical condition, military or veteran status, genetic information, marital status, ethnicity, alienage or any other protected classification, in accordance with applicable federal, state, and local laws. By completing this application, you are seeking to join a team of hardworking professionals dedicated to consistently delivering outstanding service to our customers and contributing to the financial success of the company, its clients, and its employees. Equal access to programs, services, and employment is available to all qualified persons. Those applicants requiring accommodation to complete the application and/or interview process should contact a management representative.

(PLEASE PRINT)

Position(s) applied for: \_\_\_\_\_ Date of application: \_\_\_\_\_

Last Name	First Name	Middle Name
Address	City	State
		Zip Code
E-mail Address		Nickname
Telephone Number(s)		

### EMPLOYMENT EXPERIENCE

Please list the names of your present or previous employers in chronological order with present or last employer listed first. Be sure to account for all periods of time. If self-employed, give firm name and supply business references. [Add additional page if necessary]

Name and Address of Employer	Dates Employed		Supervisor and Telephone Number
	From Month/Year	To Month/Year	
	Pay Rate		
	Starting	Final	
			May we contact? <input type="radio"/> Yes <input type="radio"/> No
Job Title and Duties			Reason for Leaving
Name and Address of Employer	Dates Employed		Supervisor and Telephone Number
	From Month/Year	To Month/Year	
	Pay Rate		
	Starting	Final	
			May we contact? <input type="radio"/> Yes <input type="radio"/> No



NHCGS001

<b>Job Title and Duties</b>		<b>Reason for Leaving</b>	
<b>Name and Address of Employer</b>	<b>Dates Employed</b>		<b>Supervisor and Telephone Number</b>
	<b>From Month/Year</b>	<b>To Month/Year</b>	
	<b>Pay Rate</b>		
	<b>Starting</b>	<b>Final</b>	
		May we contact? <input type="radio"/> Yes <input type="radio"/> No	
<b>Job Title and Duties</b>		<b>Reason for Leaving</b>	

Have you ever been involuntarily terminated or asked to resign from any job? -----  Yes  No

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

Please explain any gaps in your employment history: \_\_\_\_\_

Please list any other experience, job related skills, additional languages, or other qualifications that you believe should be considered in evaluating your qualifications for employment.

**EDUCATION**

Please describe your educational background in the table provided below.

School Name	Years Completed (Circle)	Diploma/Degree (Yes or No)	Describe Course of Study or Major	Describe Specialized Training, Experience, Skills and Extra-Curricular Activities
<b>High School:</b>	9 10 11 12			
<b>College/University:</b>	1 2 3 4			
<b>Graduate/Professional:</b>	1 2 3 4			

Trade or Correspondence:				
Other:				

### BUSINESS/PROFESSIONAL REFERENCES

Please list three professional references of individuals who are **not** related to you.

Name & Title	Business Relationship	Telephone Number or Email

### CO-WORKER REFERENCES

Please list three people you have worked with who know you well; do not include personal friends or relatives.

Name & Title	Relationship & Number of Years Acquainted	Telephone Number or Email

### GENERAL INFORMATION

1. Have you ever used another name? -----  Yes  No

2. Is any additional information relative to name changes, use of an assumed name, or nickname necessary to enable a check on your work and educational record? -----  Yes  No

If yes to either of the above, please explain: \_\_\_\_\_

3. Have you ever worked for this company before? -----  Yes  No

If yes, please give dates and position: \_\_\_\_\_

4. Do you have friends and/or relatives working for this company? -----  Yes  No

If yes, name(s) and relationship(s): \_\_\_\_\_

5. On what date are you available to begin work? \_\_\_\_\_

6. Days/Hours available to work: \_\_\_\_\_

7. Are you available to work?  Full-time  Part-time  Shift Work  Temporary

8. Minimum salary required: Per Hour \_\_\_\_\_ Per Month \$ \_\_\_\_\_

9. If hired, would you have a reliable means of transportation to and from work? -----  Yes  No
10. Can you travel if the position requires it? -----  Yes  No
11. Can you relocate if the position requires it? -----  Yes  No
12. Are you at least 18 years old? -----  Yes  No  
Note: If under 18, hire is subject to verification that you are of minimum legal age.
13. If hired, can you present evidence of your identity and legal right to live and work in this country? -----  Yes  No
14. Are you able to perform the essential job functions of the job for which you are applying with or without reasonable accommodation? -----  Yes  No  
Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for qualified applicants/employees to perform essential job functions.

## APPLICANT STATEMENT AND AGREEMENT

Please read and initial each paragraph below. If there is anything that you do not understand, please ask.

\_\_\_\_\_ I hereby authorize the Company to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the prior employers and references I have listed to disclose to the Company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the Company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

\_\_\_\_\_ In the event of my employment with the Company, I understand that I am required to comply with all rules and regulations of the Company.

\_\_\_\_\_ If hired, I understand and agree that my employment with the Company is at-will, and that neither I, nor the Company is required to continue the employment relationship for any specific term. I further understand that the Company or I may terminate the employment relationship at any time, with or without cause, and with or without notice. I understand that the at-will status of my employment cannot be amended, modified, or altered in any way by any oral modifications. The first ninety (90) calendar days of employment with the Company are considered a 90-day probationary period

\_\_\_\_\_ I understand that safety of employees is extremely important to the Company and that the Company is committed to ensuring a safe working environment. I understand that I, and every employee, have a responsibility to prevent accidents and injuries by observing all safety procedures and guidelines and following the directions of my site supervisor. I understand and agree to comply with federal, state, and local regulations related to on-the-job safety and health.

\_\_\_\_\_ I hereby certify that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

\_\_\_\_\_ I understand that if I am selected for hire, it will be necessary for me to provide satisfactory evidence of my identity and legal authority to work in the United States, and that federal immigration laws require me to complete an I-9 Form in this regard.

\_\_\_\_\_ I understand that if any term, provision, or portion of this Agreement is declared void or unenforceable, it shall be severed and the remainder of this Agreement shall be enforceable.

**MY SIGNATURE BELOW ATTESTS TO THE FACT THAT I HAVE READ, UNDERSTAND, AND AGREE TO ALL OF THE ABOVE TERMS.**

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

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

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

City/State: \_\_\_\_\_