

# APPLICATION FOR EMPLOYMENT

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

WE CONSIDER APPLICANTS FOR ALL POSITIONS WITHOUT REGARD TO RACE, COLOR, RELIGION, CREED, GENDER, NATIONAL ORIGIN, AGE, DISABILITY, MARITAL OR VETERAN STATUS, SEXUAL ORIENTATION, OR ANY OTHER LEGALLY PROTECTED STATUS.

(PLEASE PRINT)

POSITION(S) APPLIED FOR....	DATE OF APPLICATION
HOW DID YOU LEARN ABOUT US? <input type="checkbox"/> Advertisement <input type="checkbox"/> Friend <input type="checkbox"/> walk-in <input type="checkbox"/> Employment Agency <input type="checkbox"/> Relative <input type="checkbox"/> Other _____	
DO YOU HAVE ANY FRIENDS AND/OR RELATIVES PRESENTLY WORKING AT HARBEC? YES _____ NO _____	
IF SO, WHO? _____	

LAST NAME	FIRST NAME	MIDDLE INITIAL	
ADDRESS: NUMBER	S STREET	CITY	ZIP CODE
TELEPHONE NUMBER(S)	SOCIAL SECURITY NUMBER		

IF YOU ARE UNDER 18 YEARS OF AGE, CAN YOU PROVIDE REQUIRED PROOF OF YOUR ELIGIBILITY TO WORK?  YES  NO

HAVE YOU EVER FILED AN APPLICATION WITH US BEFORE?  YES  NO  
IF YES, GIVE DATE \_\_\_\_\_

HAVE YOU EVER BEEN EMPLOYED WITH US BEFORE?  YES  NO  
IF YES, GIVE DATE \_\_\_\_\_

ARE YOU CURRENTLY EMPLOYED?  YES  NO

MAY WE CONTACT YOUR PRESENT EMPLOYER?  YES  NO

ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED IN THIS COUNTRY BECAUSE OF VISA OR IMMIGRATION STATUS?  YES  NO  
PROOF OF CITIZENSHIP OR IMMIGRATION STATUS WILL BE REQUIRED UPON EMPLOYMENT.

ON WHAT DATE WOULD YOU BE AVAILABLE FOR WORK? \_\_\_\_\_

ARE YOU AVAILABLE TO WORK?  FULL-TIME  PART-TIME  SHIFT WORK  TEMPORARY

ARE YOU CURRENTLY OF "LAY-OFF" STATUS AND SUBJECT TO RECALL?  YES  NO

HAVE YOU BEEN CONVICTED OF A FELONY WITHIN THE LAST 7 YEARS?  YES  NO  
CONVICTION WILL NOT NECESSARILY DISQUALIFY AN APPLICANT FROM EMPLOYMENT.

IF YES, PLEASE EXPLAIN \_\_\_\_\_

# EDUCATION

**IF YOU HAVE A RESUME, YOU DO NOT NEED TO FILL THIS INFORMATION OUT. PLEASE ATTACH RESUME TO THE APPLICATION**

	NAME & ADDRESS OF SCHOOL	COURSE OF STUDY	YEARS COMPLETED	DIPLOMA DEGREE
HIGH SCHOOL				
UNDER-GRADUATE COLLEGE				
TRADE SCHOOL				

DESCRIBE ANY SPECIALIZED TRAINING, APPRENTICESHIP, SKILLS AND EXTRA-CURRICULAR ACTIVITIES INCLUDING ANY MILITARY TRAINING.


# EMPLOYMENT EXPERIENCE

START WITH YOUR PRESENT OR LAST JOB. INCLUDE ANY JOB-RELATED MILITARY SERVICE ASSIGNMENTS AND VOLUNTEER ACTIVITIES. YOU MAY EXCLUDE ORGANIZATIONS WHICH INDICATE RACE, COLOR, RELIGION, GENDER, NATIONAL ORIGIN, DISABILITIES OR OTHER PROTECTED STATUS.

1	EMPLOYER	DATES EMPLOYED		WORK PERFORMED		
		FROM	TO			
	ADDRESS					
		HOURLY RATE/SALARY		JOB TITLE	SUPERVISOR	
		STARTING	FINAL			
	TELEPHONE NUMBER(S)			REASON FOR LEAVING		
2	EMPLOYER	DATES EMPLOYED		WORK PERFORMED		
		FROM	TO			
	ADDRESS					
		HOURLY RATE/SALARY		JOB TITLE	SUPERVISOR	
		STARTING	FINAL			
	TELEPHONE NUMBER(S)			REASON FOR LEAVING		
3	EMPLOYER	DATES EMPLOYED		WORK PERFORMED		
		FROM	TO			
	ADDRESS					
		HOURLY RATE/SALARY		JOB TITLE	SUPERVISOR	
		STARTING	FINAL			
	TELEPHONE NUMBER(S)			REASON FOR LEAVING		
4	EMPLOYER	DATES EMPLOYED		WORK PERFORMED		
		FROM	TO			
	ADDRESS					
		HOURLY RATE/SALARY		JOB TITLE	SUPERVISOR	
		STARTING	FINAL			
	TELEPHONE NUMBER(S)			REASON FOR LEAVING		

# APPLICANT'S STATEMENT

I CERTIFY THAT ANSWERS GIVEN HEREIN ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION FOR EMPLOYMENT AS MAY BE NECESSARY IN ARRIVING AT AN EMPLOYMENT DECISION.

THIS APPLICATION FOR EMPLOYMENT SHALL BE CONSIDERED ACTIVE FOR A PERIOD OF TIME NOT TO EXCEED 45 DAYS. ANY APPLICANT WISHING TO BE CONSIDERED FOR EMPLOYMENT BEYOND THIS TIME PERIOD SHOULD INQUIRE AS TO WHETHER OR NOT APPLICATIONS ARE BEING ACCEPTED AT THAT TIME.

I HEREBY UNDERSTAND AND ACKNOWLEDGE THAT, UNLESS OTHERWISE DEFINED BY APPLICABLE LAW, ANY EMPLOYMENT RELATIONSHIP WITH THIS ORGANIZATION IS OF AN "AT WILL" NATURE, WHICH MEANS THAT THE EMPLOYEE MAY RESIGN AT ANY TIME AND THE EMPLOYER MAY DISCHARGE EMPLOYEE AT ANY TIME WITH OR WITHOUT CAUSE. IT IS FURTHER UNDERSTOOD THAT THIS "AT WILL" EMPLOYMENT RELATIONSHIP MAY NOT BE CHANGED BY ANY WRITTEN DOCUMENT OR BY CONDUCT UNLESS SUCH CHANGE IS SPECIFICALLY ACKNOWLEDGED IN WRITING BY AN AUTHORIZED EXECUTIVE OF THIS ORGANIZATION.

## A DRUG TEST MAY BE A REQUIREMENT FOR EMPLOYMENT

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

FOR PERSONNEL DEPARTMENT USE ONLY

ARRANGE INTERVIEW  YES  NO

REMARKS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

INTERVIEWER \_\_\_\_\_ DATE \_\_\_\_\_

EMPLOYED  YES  NO

DATE OF EMPLOYMENT \_\_\_\_\_

JOB TITLE \_\_\_\_\_

HOURLY RATE/SALARY \_\_\_\_\_

DEPARTMENT \_\_\_\_\_

BY \_\_\_\_\_  
NAME AND TITLE DATE