HearhoEvil 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/mental disability, medical condition, military/veteran status, genetic information, marital status, ethnicity, citizenship or immigration status, 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 organization, its clients, and its employees. Equal access to programs, services, and employment is available to all qualified persons. Those applicants requiring an accommodation to complete the application and/or interview process should contact a management representative.

Date of application

Print full name					
Street address		City	State	ZIP	
Main phone number	Alternate phone number	Email	_		
employer listed first. Be su	ence our present or previous employer ure to account for all periods of an additional page if necessary.				
Name of employer		Supervisor	May we contact?		
			□ Yes	☐ Yes ☐ No	
Street address					
Phone number		Dates employed (month/year)			
		From	То		
Job title and duties		Reason for leaving			

Position(s) applied for

Name of employer	Supervisor	May we contact?	
		□ Yes □ No	
Street Address			
Phone Number	Dates employed (month)	/year)	
	From	То	
Job title and duties	Reason for leaving		
Name of employer	Supervisor	May we contact?	
		□ Yes □ No	
Street Address			
Phone Number	Dates employed (month/year)		
	From	То	
Job title and duties	Reason for leaving		

APPLICATION FOR EMPLOYMENT | 2 September 2021

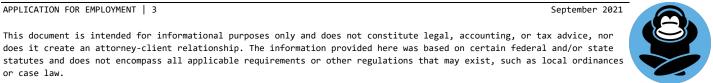


Have you ever been involuntarily terminated or asked to resign from any job? \square Yes \square No
If yes, please explain.
Please explain any gaps in your employment history.
Please list any other experience, job-related skills, additional languages, or other qualifications that you believe should be considered in evaluating your qualifications for employment.

APPLICATION FOR EMPLOYMENT | 3 September 2021 This document is intended for informational purposes only and does not constitute legal, accounting, or tax advice, nor

does it create an attorney-client relationship. The information provided here was based on certain federal and/or state

or case law.



Education

Please describe your educational background in the table provided below.

	School name	Years completed	Diploma/ degree (Yes/No)	Area of study/major	Specialized training, skills, or extracurricular activities
High school					
College/ university					
Graduate/ professional school					
Trade school					
Other					

Business and Professional References

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

Name and title	Relationship	Phone number or email

Personal References

Please list three people who know you well.

Name and title	Relationship and years acquainted	Phone number or email

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September 2021



General Information

1. 2.	Have you ever used another name? \square Yes \square No 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? \square Yes \square No						
	If yes to ei	ther of the abo	ove, please ex	plain:			
,	II.			. h . f	a. D.N.		
3.	-		r this company		es ⊔ No		
	ir yes, piea	ise provide dai	es and positio	n:			
4.	Do you hav	e friends and/	or relatives w	orking for this	company? \Box	l Yes □ No	
	•	e(s) and relati		3	' '		
5.	On what da	ate are you ava	ailable to begi	n work?			
		available to v	vork:				
M	onday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
7.	Are you ava	ailable to work	κ? □ Full-time	e □ Part-tim	ne □ Shift W	ork □ Tempo	orary
	•					from work?	-
9.	Can you tra	avel if the posi	tion requires i	t? □ Yes □ I	No		
	•	•	osition require				
	•	•	old? □ Yes [
	-	-			you are of mi	nimum legal ag	ge.
12.		•	-		•	o work in this	
	☐ Yes ☐ N	•	•	•	3 3		·
13.	without rea	asonable accor	nmodation? e Americans w	□ Yes □ No vith Disabilitie:	s Act and cons	•	applying with or le accommodation essential job

APPLICATION FOR EMPLOYMENT | 5 September 2021



Applicant Statement and Agreement

Date:	_
Name (print):	_
Signature:	_
My signature attests to the fact that I have read, understand, and agree to all of the above terms.	ē
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.	
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 law requires me to complete an I-9 Form in this regard.	
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 the 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	•
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	
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.	
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.	
Please read and initial each paragraph below. If there is anything that you do not understand, please ask.	

