

# **EMPLOYMENT APPLICATION**

**NOTE TO THE APPLICANT**: This application is used to evaluate your qualifications for employment. Please answer all of the questions on your application accurately. If you fail to do so, you may lose employment opportunities or delay consideration of your employment. This application is not an employment contract. All qualified applicants will receive consideration for employment without regard to race, religion, color, national origin, disability, age, sex, or any other classification protected by federal, state, or local laws. **PLEASE PRINT.** 

## A. PERSONAL INFORMATION

				Date	
LAST NAME	FIRST NAME	MIDDLE NA			
Social Security #					
Address					
Street		Apt. #	City	State	Zip
Home Phone #	Cell Ph	one #	Alternat	e Phone #	
Emergency Contact Na	ame	_ Relationship	Er	mergency Phone #	
Email:	Do you want	to be on our U.S.N	Mail /Email list	Yes 🗆 No	
On what date would you be available for work? What type of job are you looking for?					
What part of town: Days Available: Mon D Tue D Wed D Thurs D Fri D Sat D Sun D					
Available to work: D FULL TIME D PART TIME D TEMPORARY D 1st SHIFT D 2nd SHIFT D 3rd SHIFT					
Are you over 18 years of age?  YES NO Birthday (Month/Day only)/					
Are you eligible for employment in the United States?					
What is your current pay-rate?        Minimum pay-rate?					
How did you hear about the HT Group? How far are you willing to commute to work?					
If online, please list which website					
Do you have reliable tr	ansportation?	I YES I NO	)		

### **B. EMPLOYMENT**

Your training and employment experience will be used to determine whether you meet the entrance requirements for this position and to measure your knowledge, skills, and abilities in completing for this position. Therefore, please provide a full and accurate description of the responsibilities and achievements in your jobs and other pertinent life experiences. Include self-employment, volunteer experience, and any non-employment periods. \* **PLEASE DO NOT WRITE "SEE RESUME**" List your three most recent positions held, starting with the most recent employer first.

From	Employer Name:	Position held, duties	Supervisor
/	Address:		E-mail:
-			
То			May we contact?  yes  no
/	Phone number:		Starting Pay
Reason	n for leaving:		Ending Pay
From	Employer Name:	Position held, duties	Supervisor
/	Address:		E-mail:
То			May we contact?  yes on no
/	Phone number:		Starting Pay
Reason	for leaving:		Ending Pay
From	Employer Name:	Position held, duties	Supervisor
/	Address:		E-mail:
То	_		May we contact?  yes no
/	Phone number:		Starting Pay
Reason	for leaving:	•	Ending Pay

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### SPECIAL SKILLS AND QUALIFICATIONS

Summarize special skills and qualifications acquired from employment or other experience.

High School graduated	□ YES □ NO Name of HS School, City and State	
College?	□ YES □ NO Name of College and Degree earned	-
Vocation/Technical Sch	ool □ YES □ NO Name of College and Degree earned	_

### C. References

Please list 3 work references for us to contact. Please include the full name, company you worked together, phone number and/or email. 1.

2.			

- 3. \_\_\_\_\_
- D. Have you ever worked temporary before? □ YES □ NO
  E. If so, list the companies where you worked temporary (not the temporary agency) and your supervisor at the company

Temporary Staffing Agency	Company Name/ Phone # if known	Type work	Supervisor/Mgr
1.			
2.			
3.			

## F. CERTIFICATION & RELEASE

I certify that the information contained in this application is true, complete, and accurate. I understand that, if employed, false statements or omissions on this application may result in rejection of my application or discharge at any time during my employment.

I authorize investigation of all statements contained herein. I further authorize all individuals, companies, schools, corporations, courts, and law enforcement agencies to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise. I release all parties from all liability for any damage that may result from divulging or using information. I understand that it may be necessary for me to authorize the verification of my consumer reports on a separate and enclosed disclosure and authorization form and attest that, to the best of my knowledge, the consumer reports will meet the requirements of the HT Group.

I understand and agree that, if hired, my employment is for no definite period and either I or The HT Group can terminate the employment relationship at any time, with or without cause, and with or without notice. This employment relationship exists regardless of any other statements or policies to the contrary.

I realize that under certain state or federal laws, I may be required to submit to an alcohol and/or drug test (which may or may not be a part of a post offer, pre-employment physical) as a condition of my employment. I hereby agree to submit to such an examination if required so by client company policy and permit disclosure of results to the HT Group.

Signature

Date\_\_\_\_

The HT Group does not unlawfully discriminate in hiring or any aspect of the employment relationship on the basis of age, race, color, sex, religion, national origin, disability, or any other basis protected by law in the jurisdiction in which the employment is performed.

