

HALDEMAN-HOMME, INC.

Employment Application



Haldeman-Homme, Inc. is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Applicants requiring reasonable accommodation in the application and/or interview process should notify a representative of the organization.

APPLICANT INFORMATION			
Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	E-mail Address		
Position Applied for		Desired Salary	
Are you applying for: Temporary work – such as summer or holiday work? YES <input type="checkbox"/> NO <input type="checkbox"/> Regular full-time work? YES <input type="checkbox"/> NO <input type="checkbox"/> Regular part-time work? YES <input type="checkbox"/> NO <input type="checkbox"/>		How were you referred to Haldeman-Homme, Inc.? <input type="checkbox"/> Internet <input type="checkbox"/> Friend or Family <input type="checkbox"/> Newspaper <input type="checkbox"/> Other:	
What days and hours are you available for work?			
If hired, on what date can you start working?		Can you work weekends? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Have you ever worked for this company? YES <input type="checkbox"/> NO <input type="checkbox"/> If so, when?			
If hired, would you have transportation to/from work? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Are you over the age of 18? (If under 18, hire is subject to verification of minimum legal age.) YES <input type="checkbox"/> NO <input type="checkbox"/>			
If hired, would you be able to present evidence of your U.S. citizenship or proof of your legal right to work in the United States? YES <input type="checkbox"/> NO <input type="checkbox"/>			
If hired, are you willing to submit to and pass a controlled substance test? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Are you able to perform the essential functions of the job for which you are applying, either with / without reasonable accommodation? YES <input type="checkbox"/> NO <input type="checkbox"/> If no, describe the functions that cannot be performed:			
<i>(Note: Haldeman-Homme, Inc. complies with the ADA and considers reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. It is possible that a hire may be tested on skill/agility and may be subject to a medical examination conducted by a medical professional.)</i>			

EDUCATION				
High School			Address	
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
College			Address	
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Other			Address	
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

Below, please describe past and present employment positions, dating back five years. Please account for all periods of unemployment. **Even if you have attached a resume, this section must be completed.**

EMPLOYMENT HISTORY				
Are you currently employed? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, may we contact your current employer? YES <input type="checkbox"/> NO <input type="checkbox"/>				
Company			Phone ()	
Address			Supervisor	
Job Title		Starting Salary	\$	Ending Salary \$
Responsibilities				
From	To	Reason for Leaving		
May we contact this employer for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>				
Company			Phone ()	
Address			Supervisor	
Job Title		Starting Salary	\$	Ending Salary \$
Responsibilities				
From	To	Reason for Leaving		
May we contact this employer for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>				
Company			Phone ()	
Address			Supervisor	
Job Title		Starting Salary	\$	Ending Salary \$
Responsibilities				
From	To	Reason for Leaving		

REFERENCES

List below three persons who have knowledge of your work performance within the last four years. Please include professional references only.

Full Name		Relationship
Company	Number of Years Acquainted	Phone ()
Address		
Full Name		Relationship
Company	Number of Years Acquainted	Phone ()
Address		
Full Name		Relationship
Company	Number of Years Acquainted	Phone ()
Address		

MILITARY SERVICE

Branch:	Total Years of Service:
Rank in Military:	
Skills/duties:	

ADDITIONAL INFORMATION

Do you have any other experience, training, qualifications, or skills which you feel should be brought to our attention, in the case that they make you especially suited for working with us? YES NO

If yes, please explain:

DISCLAIMER, AUTHORIZATION AND SIGNATURE

I CERTIFY THAT I HAVE NOT PURPOSELY WITHHELD ANY INFORMATION THAT MIGHT ADVERSELY AFFECT MY CHANCES FOR HIRING. I ATTEST TO THE FACT THAT THE ANSWERS GIVEN BY ME ARE TRUE & CORRECT TO THE BEST OF MY KNOWLEDGE AND ABILITY. I UNDERSTAND THAT ANY OMISSION (INCLUDING ANY MISSTATEMENT) OF MATERIAL FACT ON THIS APPLICATION OR ON ANY DOCUMENT USED TO SECURE EMPLOYMENT CAN BE GROUNDS FOR REJECTION OF APPLICATION OR, IF I AM EMPLOYED BY HALDEMAN-HOMME INC., TERMS FOR MY IMMEDIATE EXPULSION FROM HALDEMAN-HOMME INC.

I UNDERSTAND THAT IF I AM EMPLOYED, MY EMPLOYMENT IS AT-WILL AND CAN BE TERMINATED AT ANY TIME EITHER WITH OR WITHOUT PRIOR NOTICE, AND BY EITHER ME OR HALDEMAN HOMME INC.

I UNDERSTAND THAT BACKGROUND AND/OR DRUG TESTING MAY BE CONDUCTED ON ME AS PART OF THE PROCESS TO DETERMINE MY SUITABILITY FOR EMPLOYMENT, AND HEREBY AGREE TO SUBMIT TO SUCH TESTING. I PERMIT HALDEMAN HOMME INC. TO EXAMINE MY REFERENCES, RECORD OF EMPLOYMENT, EDUCATION RECORD, AND ANY OTHER INFORMATION I HAVE PROVIDED. I AUTHORIZE THE REFERENCES I HAVE LISTED TO DISCLOSE ANY INFORMATION RELATED TO MY WORK RECORD AND MY PROFESSIONAL EXPERIENCES WITH THEM, WITHOUT GIVING ME PRIOR NOTICE OF SUCH DISCLOSURE. IN ADDITION, I RELEASE HALDEMAN HOMME INC., MY FORMER EMPLOYERS & ALL OTHER PERSONS, CORPORATIONS, PARTNERSHIPS & ASSOCIATIONS FROM ANY & ALL CLAIMS, DEMANDS OR LIABILITIES ARISING OUT OF OR IN ANY WAY RELATED TO SUCH EXAMINATION OR REVELATION.

Signature

Date

HALDEMAN-HOMME, INC.



An Equal Opportunity, Affirmative Action Employer

Applicant Survey Form

Last Name: _____ First Name: _____ Middle Initial(s): _____

Date: _____ Position(s) which you are applying for: _____

Please read carefully:

As an affirmative action employer, we must monitor our equal employment opportunity and affirmative action program, and report the results to government agencies. Please help us gather this information by identifying your sex and race or ethnicity on this form.

Providing this information is **completely voluntary**. If you choose not to provide some or all of this information, you will not be subject to any negative or adverse treatment.

This information you provide will be used **only** to monitor our compliance with equal opportunity laws and regulations and for no other purpose. When we receive this form, we will immediately place it in a confidential file separate from your application.

Race/Ethnicity (select one or more)

Hispanic or Latino: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

White (Not Hispanic or Latino): A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Black or African American (Not Hispanic or Latino): A person having origins in any of the black racial groups of Africa.

Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino): A person having origins in any of the peoples of Hawaii, Guam, Samoa or other Pacific Islands.

Asian(Not Hispanic or Latino): A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.

American Indian or Alaska Native (Not Hispanic or Latino): A person having origins in any of the original peoples of North or South America (including Central America), and who maintains tribal affiliations or community attachment.

Two or More Races (Not Hispanic or Latino): All persons who identify with more than one of the above five races.

Gender – Select One

Male

Female

This form is not used for employment decisions. Completion of this data is voluntary and will not affect your opportunity for employment or terms or conditions of employment.