

EMPLOYMENT

Please give accurate, complete full-time and part-time employment record. Start with your present or most recent employer and work

1	Company Name	Telephone ()
	Address	Employed - (State month and year) From To
	Name of Supervisor	Hourly Pay Start Last
	State Job Title and Describe Your Work <hr/>	Reason for Leaving

2	Company Name	Telephone ()
	Address	Employed - (State month and year) From To
	Name of Supervisor	Hourly Pay Start Last
	State Job Title and Describe Your Work <hr/>	Reason for Leaving

3	Company Name	Telephone ()
	Address	Employed - (State month and year) From To
	Name of Supervisor	Hourly Pay Start Last
	State Job Title and Describe Your Work <hr/>	Reason for Leaving

We may contact the employers listed above unless you indicate those you do not want us to contact.

DO NOT CONTACT

Employer Number(s) _____ Reason _____

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The information provided in this application for Employment is true, correct, and complete. If employed, any misstatement or omission of fact on this application may result in my dismissal.

I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future.

If you decide to engage an investigative consure reporting agency to report on my credit and personal history I authorize you to do so. If a report is obtained you must provide, at my request, the name of the agency so I may obtain from them the nature and substance of the information contained in the report.

_____ Date

_____ Signature

Hibbs ElectroMechanical, Inc.

APPLICATION FOR EMPLOYMENT

Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin, handicap or veteran status.

P E R S O N A L	Last Name First Middle	Date
	Street Address	Home Telephone ()
	City, State, Zip	Business Telephone ()
	Can you work any shift? <input type="checkbox"/> Yes <input type="checkbox"/> No	Mobile Phone ()
	Are you at least 18 years or older? (If no, you may be required to provide authorization to work).	Pay Expected
	Do you know anyone who works for our company? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Who _____	Will you work overtime if asked? <input type="checkbox"/> Yes <input type="checkbox"/> No
	How did you hear about us? Walk-In, Advertisement, Referral, Other _____	When will you be available to begin work?
	Have you ever applied for employment with us? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: Month and Year _____ Location _____	
	Position Desired	
	Apart from absence for religious observance, are you available for full-time work? <input type="checkbox"/> Yes <input type="checkbox"/> No If not: what hours can you work? _____	
Are you legally eligible for employment in the United States?		
Other special training or skills (languages, machine operations, etc.)		

E D U C A T I O N	School	Name and Location of School	Course of Study	No. of Years Completed	Did you Graduate?	Degree or Diploma
	Graduate				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	College				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Business/Trade/ Technical				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	High School				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Elementary				<input type="checkbox"/> Yes <input type="checkbox"/> No	

MILITARY	Did you serve in the U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes" In what Branch?
Describe any training received relevant to the position for which you are applying.		
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