

Howard Services, Inc.

APPLICATION FOR EMPLOYMENT

WE ARE A DRUG FREE WORK PLACE

Howard Services Incorporated is an equal opportunity employer. All applicants will be considered without regard to age, race, color, national origin, religion, disability, gender or other protected status in accordance with applicable federal and state equal employment opportunity laws. Howard Services will strive to accommodate any physical or mental limitations of employees or applicants in order to accomplish the essential functions of the job. Applications are kept for 90 days.

General Information

Date: _____	Position applying for: _____	Salary expected: _____	
Name: _____	_____	_____	
	First	Middle	Last
Current address: _____	_____	_____	
	Number & Street	Apt #	
City _____	State _____	Zip Code _____	
Current telephone: _____	Alternate telephone: _____		

Have you ever been employed by this company? Yes No

Are you employed now? Yes No

May we contact your present employer? Yes No

If No, please explain: _____

Date available for employment: _____

Can you perform the essential functions of the job(s) for which you are applying? Yes No

Are you available to work: FULL-TIME PART-TIME OVER-TIME

List the hours you are **NOT** available for work: _____

Can you work holidays and/or weekends? Yes No

Do you have access to reliable transportation to and from work? Yes No

If employed and under 18, can you furnish a work permit? Yes No

Are you prevented from lawfully becoming employed in this country because of visa or immigration status? Yes No

Type of work desired: _____

Describe any positions for which you should not be considered or cannot perform due to physical, mental or medical disability.

If applying for a position where driving is required, do you have a valid driver's license in this state? Yes No

License # _____ State: _____

Social Security Number # _____

In case of emergency whom may we contact?

Name: _____ Phone: _____ Alternate Phone: _____

Relationship to you: _____

Have you ever been convicted of a felony or offense other than a minor traffic violation? Yes No

If Yes, please explain: _____

When: _____ Where: _____

Disposition: _____

Do you have any arrests or criminal proceedings currently pending Against you? Yes No

If Yes, please explain: _____

Have you ever been placed on probation? Yes No

Note: Conviction of a crime will not necessarily deny employment. Factors such as age at time of offense, remoteness of offense, sentenced time and rehab-ilitation will be taken into account in determining effect on suitability for employment.

Employment is contingent upon applicant's acceptable criminal background & MVR report and passing pre-employment drug screen

Education

	Elementary	Secondary	College	Graduate
School Name & Address	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
Years Completed	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Course of Study	_____	_____	_____	_____

Special Skills, Qualifications and Considerations:

Summarize special skills and/or qualifications. List volunteer activities, special training, trade groups and/or other activities related to the job you are seeking:

MILITARY

Did you serve in the U.S. Armed Forces? Yes No

If Yes:
Which Branch? _____

Describe any training relevant to the position for which you are applying:

References:

List three (3) non-relatives who are familiar with your qualifications, work history and ability.

Name	Occupation/Relationship	Years Known	Telephone
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Employment Experience:

Employer _____ Supervisor's Name _____

Address _____ Your Job Position _____

Telephone Number _____ Employed from _____ (mo/yr) to _____ (mo/yr)

Your Salary: Starting / Ending _____ Duties _____

What did you like **most** about your job? _____

What did you like **least** about your job? _____

Reason for leaving: _____

Employer _____ Supervisor's Name _____

Address _____ Your Job Position _____

Telephone Number _____ Employed from _____ (mo/yr) to _____ (mo/yr)

Your Salary: Starting / Ending _____ Duties _____

What did you like **most** about your job? _____

What did you like **least** about your job? _____

Reason for leaving: _____

Employer _____ Supervisor's Name _____

Address _____ Your Job Position _____

Telephone Number _____ Employed from _____ (mo/yr) to _____ (mo/yr)

Your Salary: Starting / Ending _____ Duties _____

What did you like **most** about your job? _____

What did you like **least** about your job? _____

Reason for leaving: _____

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY BEFORE SIGNING THIS APPLICATION. ONLY THOSE APPLICATIONS THAT ARE SIGNED AND DATED ARE CONSIDERED VALID. IF YOU HAVE ANY QUESTIONS REGARDING THIS STATEMENT, PLEASE ASK THEM BEFORE SIGNING.

I certify that all answers and statements I have made on this application (and resume or other supplementary materials) are true and complete without omissions. I understand that my false information will be grounds for refusal to hire or for immediate discharge if I am employed. I authorize any of the persons or organizations named in this application to give you complete information and records regarding my employment, education, character and qualifications.

Yes No

If hired I will be responsible for familiarizing myself with all rules and regulations of The Company as they presently exist or are later modified. If hired I recognize that my employment can be terminated, at the discretion of The Company or at my option, without notice, at any time, except as specifically set forth in writing in a current individual employment agreement.

Yes No

I also understand that no representative of The Company has any authority to enter into any employment agreement for any specified period of time, or to assure me of any future position, benefits, or terms and conditions of employment, except as specifically stated in a current written agreement signed by the President.

Yes No

I understand this application is not an offer of employment and no promises or representations of employment have been made to me at this time.

Yes No

I have read, understand, and agree with the above.

Signature of Applicant

Date

This application is valid for only ninety (90) days from the date I signed. If I want to be considered for job openings more than ninety (90) days from date signed, I will submit a new application.

**EMPLOYEE/APPLICANT
STATEMENT OF CONSENT**

APPLICANT STATEMENT:

I UNDERSTAND THAT THE APPLICATION I HAVE SUBMITTED WILL BE GIVEN EVERY CONSIDERATION, BUT THAT IT'S RECEIPT DOES NOT IMPLY THAT THE APPLICANT WILL BE EMPLOYED.

I understand that an investigative consumer report may be made whereby information is obtained through personal interviews with neighbors, friends and others with whom I am acquainted. This investigation includes information as to my character, general reputation, personal characteristics and mode of living. I understand that I have the right to make a written request within a reasonable period of time to receive additional, detailed information about the request and scope of this investigative consumer report. I give my express written permission to the company to contact any of the former employers or references shown on my application for employment to verify that the information I have given and to release all records of my employment, including assessments of my job performance, ability and fitness.

I understand that the company may require a Motor Vehicle Report (MVR), credit history and/or Criminal Background Report and hereby give my written consent for the company to conduct these inquiries.

I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without prior notice.

I understand that the company reserves the right to require a drug-screening test of any applicant or employee prior to employment or at any time during employment.

Should I be employed, I understand that such employment will be on a trial period for ninety (90) working days from the date of hiring. I further understand that completion of the trial period will not result in an employment contract for any specified term.

Printed Name of Applicant: _____

Signature of Applicant: _____ **Date:** _____

