

## Employment Application

Application Date:	
Name (First, Middle, Last):	
Mailing Address:	
Phone number:	E-mail Address:
Type of position sought:	
Are you legally eligible for employment in the United States: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have a valid driver's license: <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, list the state, number and expiration date: _____	
Are you able to perform the essential functions of this job with or without reasonable accommodations? <input type="checkbox"/> Yes <input type="checkbox"/> No	
What reasonable accommodations, if any, would be required: _____	

### Employment History

Please give accurate, complete full-time and part-time employment. Include any job-related military service. Additional pages may be used if needed.

Job title:	May we contact your current supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No		
From (month/year):	To (month/year):	Salary:	Hours per week:
Employer's name and address:			
Supervisor's name and phone number:			
Duties and accomplishments:			
Reason for leaving:			

Job title:	May we contact your current supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No		
From (month/year):	To (month/year):	Salary:	Hours per week:
Employer's name and address:			
Supervisor's name and phone number:			
Duties and accomplishments:			
Reason for leaving:			

Job title:	May we contact your current supervisor?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
From (month/year):	To (month/year):	Salary:	Hours per week:		
Employer's name and address:					
Supervisor's name and phone number:					
Duties and accomplishments:					
Reason for leaving:					

Job title:	May we contact your current supervisor?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
From (month/year):	To (month/year):	Salary:	Hours per week:		
Employer's name and address:					
Supervisor's name and phone number:					
Duties and accomplishments:					
Reason for leaving:					

Job title:	May we contact your current supervisor?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
From (month/year):	To (month/year):	Salary:	Hours per week:		
Employer's name and address:					
Supervisor's name and phone number:					
Duties and accomplishments:					
Reason for leaving:					

Applicants will receive consideration without regard to race, color, religion, creed, gender, national origin, age, disability, sexual orientation, marital status, or veteran status. HDL is an Equal Employment Opportunity and Affirmative Action employer.

<b>Education</b>						
Highest level completed:	Some HS <input type="checkbox"/>	HS/GED <input type="checkbox"/>	Associate <input type="checkbox"/>	Bachelor <input type="checkbox"/>	Master <input type="checkbox"/>	Doctoral <input type="checkbox"/>
High School (name, location, year of diploma or GED):						
Name and location of colleges or universities attended				Major		Degree / Year

### Other Qualifications

Job-related training courses (give title and year). Job-related skills (other languages, computer software/hardware, tools, machinery, typing speed, etc.). Job-related certificates and licenses (current only). Job-related honors, awards and special accomplishments (publications, memberships in professional/honor societies, leadership activities, public speaking and performance awards).

<b>References</b>		
Name and Address	Relationship	Phone number and email

### Applicant Certification

I certify that the information provided on this application is truthful and accurate. I understand that providing false or misleading information will be the basis for rejection of my application, or if employment commences, immediate termination.

I authorize HDL to contact former employers and education organizations regarding my employment and education. I authorize my former employers and educational organizations to fully and freely communicate information regarding my previous employment, attendance, and grades. I authorize those persons designated as references to fully and freely communication information regarding my previous employment and education.

I understand that federal law prohibits the employment of unauthorized aliens; all persons hired must submit satisfactory proof of employment authorization and identity. Failure to submit such proof will result in denial of employment. I further understand if necessary for employment I may be required to: have a physical examination and/or a drug test, or to sign a conflict of interest agreement and abide by its terms.

I understand that HDL follows an "employment at will" policy, in that I or HDL may terminate my employment at any time, or for any reason consistent with applicable state or federal law. This "employment at will" policy cannot be changed verbally or in writing, unless the change is specifically authorized in writing by the President of HDL. I understand that this application is not a contract of employment

I understand this application will be active for a period of one year; after that time, if I wish to be considered for employment, I must submit a new application.

Applicant signature: \_\_\_\_\_

Date: \_\_\_\_\_

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How did you hear of our job opening:

College or University

HDL Website

Newspaper Ad

Referral

Career Fair

Alexsys

Other (specify)

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**DO NOT WRITE BELOW THIS LINE**

Interviewed by: \_\_\_\_\_

Offer:  Yes

No

Accepted:  Yes

No

Position: \_\_\_\_\_

Hire Date: \_\_\_\_\_

## Voluntary Pre-Employment Information

### TO ALL APPLICANTS

Please complete this information to assist us in complying with equal opportunity/affirmative action record keeping and reporting requirements. Providing this information is voluntary. Refusal to provide the information will not result in any adverse treatment. This information form will be kept in a separate, confidential file and will be used only for safety of government reporting purposes.

This page is detached from your application before the application is forwarded for consideration.

Name \_\_\_\_\_

Date: \_\_\_\_\_

Position Applied for: \_\_\_\_\_

#### Race/Ethnic Group:

Are you:

Hispanic or Latino

White

Black

Asian

American Indian / Alaska Native

Native Hawaiian / Pacific Islander

Two or more races

Gender:  Male

Female

Signature: \_\_\_\_\_

Qualified applicants are considered for employment and employees are treated equal during employment, without regard to race, color, religion, sex, national origin, age, marital status, medical condition, or disability.