



EMPLOYMENT APPLICATION

| <u>Applicant Information</u> | | | | | | | | | |
|--|--|------|---|-------------------|----------|-----------|-----------------|---------------------|--|
| First Name: | | | Last Name: | | | | Middle: | | |
| Address: | | | | | | City: | | | |
| State: | | Zip: | | Telephone: | | | | | |
| E-Mail: | | | | | | | | | |
| Date Available: | | | Social Security No.: | | | | Desired Salary: | | |
| Position & Shift Applied For: | | | 1 st Choice: 2 nd Choice: 3 rd Choice: | | | | | | |
| Are you United States citizen? Yes No If no, are you authorized to work in the U.S.? Yes No | | | | | | | | | |
| Have you ever worked for this company? Yes No If yes, when? | | | | | | | | | |
| Have you ever been convicted of a felony? Yes No If yes, explain: | | | | | | | | | |
| <u>Education</u> | | | | | | | | | |
| High School: | | | | | Address: | | | | |
| From: | | To: | | Did you graduate? | | Yes No | | Diploma: | |
| College: | | | | | Address: | | | | |
| From: | | To: | | Did you graduate? | | Yes No | | Degree: | |
| Other: | | | | | Address: | | | | |
| From: | | To: | | Did you graduate? | | Yes No | | Degree: | |
| <u>Professional Education & Training</u> | | | | | | | | | |
| Program: | | | | | Address: | | | | |
| From: | | To: | | Did you graduate? | | Yes No | | Degree/Certificate: | |
| Other: | | | | | Address: | | | | |
| From: | | To: | | Did you graduate? | | Yes No | | Degree/Certificate: | |
| <u>References</u> | | | | | | | | | |
| Full Name: | | | Company: | | | | Relationship: | | |
| Address: | | | | | | | Phone: | | |



EMPLOYMENT APPLICATION

| | | |
|--|--------------------|--|
| Full Name: | Company: | Relationship: |
| Address: | Phone: | |
| Full Name: | Company: | Relationship: |
| Address: | Phone: | |
| <u>Previous Employment</u> | | |
| Company: | Supervisor: | Phone: |
| Address: | Job Title: | |
| From: | To: | Starting Salary: Ending Salary: |
| Reason for Leaving: | May we contact? | Yes No |
| Company: | Supervisor: | Phone: |
| Address: | Job Title: | |
| From: | To: | Starting Salary: Ending Salary: |
| Reason for Leaving: | May we contact? | Yes No |
| Company: | Supervisor: | Phone: |
| Address: | Job Title: | |
| From: | To: | Starting Salary: Ending Salary: |
| Reason for Leaving: | May we contact? | Yes No |
| <u>Military Service</u> | | |
| Branch: | From: | To: |
| Rank at Discharge: | Type of Discharge: | |
| If other than honorable, explain: | | |
| <u>Placement Information</u> | | |
| Please indicate the days you are available for work: | | |
| Sunday | Monday | Tuesday Wednesday Thursday Friday Saturday |
| Are you available to work: | | Will you accept another position? |
| Weekends | Holidays | Swing Shifts Yes No Other: |
| <u>Disclaimer & Signature</u> | | |



EMPLOYMENT APPLICATION

I understand that emergency conditions may require me to temporarily work shifts other than the one for which I am applying and agree to such scheduling changes as directed by my department head or Administrator of this Company.

Homeplace of Henderson, LLC does not discriminate in hiring or any other decision on the basis of race, color, sex, citizenship, national origin, ancestry, Vietnam Era veteran status, or on the basis of age or physical or mental disability unrelated to the ability to perform the work required. No question on this application is intended to secure information to be used for such discrimination.

I voluntarily give this Company the right to make a thorough investigation of my past employment and activities, agree to cooperate in such investigation and release from all liability or responsibility all persons, companies, or corporations supplying such information. I consent to take the physical examination, and such future physical examinations as may be required by this Company at such times and places as the Company shall designate. I understand that an offer of employment may be contingent on passing the physical examination which relates to the essential duties I would be required to perform.

I understand that my employment is at will, and that either party is free to terminate the employment relationship at any time with or without cause. I also understand that my employment may be terminated for any misstatement or omission of fact appearing on this application form.

If employed, I will be required to complete an Employment Verification Form (I-9), and within three days show satisfactory evidence of identity and eligibility for employment.

I UNDERSTAND THAT FOR THIS TYPE OF EMPLOYMENT, STATE LAW REQUIRES A CRIMINAL RECORD CHECK AS A CONDITION OF EMPLOYMENT.

Please sign and date this application and return it to a Human Resources Representative.

Employee's Signature:

Date: