



## EMPLOYMENT RECORD:

Please complete in detail starting with present or most recent employer. List all previous employers. Include self-employment, military service, summer or part-time employment. Use additional sheets if necessary.

Company Name:	Address:
Length of employment: From: _____ to _____	Job Title:
Salary: _____ Starting	Phone Number: _____
Salary: _____ Final	Supervisor Name : _____
Briefly Describe your duties:	Reason for leaving
Were you: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Summer <input type="checkbox"/> Other _____	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No  If no, explain: _____

Company Name:	Address:
Length of employment: From: _____ to _____	Job Title:
Salary: _____ Starting	Phone Number: _____
Salary: _____ Final	Supervisor Name: _____
Briefly Describe your duties:	Reason for leaving
Were you: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Summer <input type="checkbox"/> Other _____	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No  If no, explain: _____

Company Name:	Address:
Length of employment: From: _____ to _____	Job Title:
Salary: _____ Starting	Phone Number: _____
Salary: _____ Final	Supervisor Name: _____
Briefly Describe your duties:	Reason for leaving
Were you: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Summer <input type="checkbox"/> Other _____	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No  If no, explain: _____

**SPECIAL SKILLS & QUALIFICATIONS:**

Summarize special job-related skills and qualifications acquired from employment or other experience/training that would relate to the position for which you have applied:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List Professional, Trade, Business or Civic activities and offices held:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you speak/write any foreign languages?  No  Yes If yes, please indicate language(s), whether you read or write and how fluent. \_\_\_\_\_

Have you had any job related training in the U.S. Military?  No  Yes If yes, Describe: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**REFERENCES:**

Give name, address and telephone number of three references who are not related to you and are not previous employers.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**EDUCATION:**

School Name/Location	Specify Degree Earned	Major	Dates Attended	Circle Last Year Completed	Grade Point Average
High School		N/A	XXXXXXXXXXXX XXXXXXXXXXXX	1 2 3 4	
Vocational School				1 2 3 4	
College				1 2 3 4	
Graduate				1 2 3 4	
Other				1 2 3 4	

If currently enrolled, name of school: \_\_\_\_\_ Current level: \_\_\_\_\_ Major subject: \_\_\_\_\_ Schedule Hrs. \_\_\_\_\_

Are you planning to pursue further studies?  No  Yes  Day school  Night school

If so, when and what courses: \_\_\_\_\_

**CONDITIONS OF EMPLOYMENT:**

**PLEASE READ THIS SECTION CAREFULLY AND SIGN AND DATE THE BOTTOM**

- A. I certify that the information provided on this application is truthful and accurate. I authorize investigation of all the statements contained in this application. I understand misrepresentation or material omission of facts called for is cause for dismissal, whenever such falsification or omission is discovered. I authorize all my previous employers and references to furnish any information concerning my personal character, habits or employment records. I release all such persons from liability or damages incurred as a result of this inquiry and furnishing this information.
- B. I voluntarily agree to submit to a drug test & physical as part of my application for employment. I understand that refusal to submit to a test or failure to pass the test according to the standards set forth by HCWA will disqualify me from further consideration for employment. I further understand that I may again be required to submit to a drug test during my employment with HCWA and if I refuse to take the test or fail to pass it according to the standards set forth by HCWA I may be suspended or terminated immediately.
- C. I understand that employment, if offered, is subject to my satisfying the employment and eligibility requirement of the Immigration Reform and Control Act of 1986. I will be required to provide proof of citizenship or immigration status upon employment.
- D. I understand that my employment is for no definite period of time and may be terminated by me or HCWA at any time, for any reason, with or without cause or previous notice, regardless of the date of payment of my wages and salary. I also acknowledge that any offer of employment or my acceptance of any employment offer, may be withdrawn for any reason at any time and without prior notice at the option of HCWA or me.
- E. If I am employed by HCWA I will comply with all rules, regulations and directives. I further understand that these rules and regulations may be changed, interpreted, withdrawn or added to by the HCWA at any time, at the HCWA's sole option and without any prior notice to me.
- F. Should my employment be terminated, the Company may supply, in confidence, to my prospective employer, my complete record with no responsibility in connections herewith attaching to the HCWA or any member of its staff.
- G. The HCWA is an Equal Opportunity Employer, and firmly adheres to the provisions of the Americans with Disabilities Act. HCWA will not refuse to hire a disabled applicant who is capable of performing the essential requirements of the job with reasonable accommodation. You are not required to disclose information about physical or mental limitations that you believe will not interfere with your capacity to do the job. On the other hand, if you want HCWA to consider special arrangements to accommodate a physical or mental impairment, you may identify that impairment and suggest the kind of accommodation that you believe would be appropriate.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I have read and agree to abide by the above statements and conditions of employment, if hired.**

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date of Application