

APPLICATION FOR EMPLOYMENT

Name:			Today's Date:		
(Last)	(First)	(Middle)			
Address:(Street)	(City)		(State)	(Zip)	
			` ,	(1/	
Cell Number: ()Ho	ome Number: ()		
Email Address:					
How did you hear ab	oout us? (REQUIRED)	☐ Newspaper: Which	ch one:		
□ Employee	Employee				
☐ Website: Which one	::	Other:	:		
•	atives working at HASC ame and relationship:				
Position you are applying for?			Date available?		
Full Time Part '	Time □ Days and Ho	ours Available:			
	ge or older? ☐ Yes				
Are you legally author	orized to work in the U.S	S.? □ Yes □ No			
SCHOOL	NAME & ADDRESS	COURSE OF S'	TUDY	DIPLOMA/DEGREE	
HIGH SCHOOL					
COLLEGE					
POST COLLEGE					
OTHER					
Please list all certific	ations and licensures an	nd the dates of exp	iration:		

Describe any other education, training, volunteer relevant for the position you are applying for:	- •			
EMPLOYMENT HISTORY – Most recent employers first (fill out even if you have a resume)				
Employer Name	Dates of Employment			
Employer Address	Phone Number			
Last Position Held				
Name/Title of Supervisor				
Describe Responsibilities				
Reason For Leaving				
May we contact your present employer? ☐ Yes ☐ N necessary to check with your current employer for reference				
Employer Name	Dates of Employment			
Employer Address	Phone Number			
Last Position Held				
Name/Title of Supervisor				
Describe Responsibilities				
Reason For Leaving				
Employer Name	Dates of Employment			
Employer Address_	Phone Number			
Last Position Held				
Name/Title of Supervisor				
Describe Responsibilities				
Reason For Leaving				
Employer Name	Dates of Employment			
Employer Address	Phone Number			
Last Position Held				
Name/Title of Supervisor				
Describe Responsibilities				
Reason For Leaving				

Please explain any gaps in employment:					
Have you ever been convicted of a crime? Crime(s), its/their nature, and your subsequent relibar to employment; seriousness of the offense, reland subsequent rehabilitation will all be considered.	nabilitation (lationship to	a criminal conviction may not necessarily be			
PROFESSIONAL REFERENCES (Superverelatives)	risor/Colleagu	nes from previous positions – do not include			
Name	_ Title	Tel#			
Company Address					
In what capacity did you know this person? _					
Name	_ Title	Tel#			
Company Address					
In what capacity did you know this person? _					
Name	_ Title	Tel#			
Company Address					
In what capacity did you know this person? _					

APPLICANT STATEMENT

I certify that all information I have provided in order to apply for and secure work with the employer is true, complete and correct. I understand that any information provided by me that is found to be false, incomplete, or misrepresented in any respect, will be sufficient cause to (1) withdraw this application from consideration, or (2) immediately discharge from employment.

I understand that, if I am hired, I am an employee-at-will and am free to resign at any time, with or without cause or notice. Reciprocally, HASC reserves the right to terminate my employment, at any time, for any reason, with or without cause or notice. I further understand that this application does not constitute an agreement or contract for employment for any specified period or definite duration and that no supervisor or representative of HASC is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the Executive Management Team.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume, or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I also understand that federal law prohibits the employment of unauthorized aliens; all persons hired must submit satisfactory proof of employment authorization and identity within three days of employment. Failure to submit such proof will result in termination of employment.

I understand that this application will be active for 60 days; after that time, if I wish to be considered for employment, I must submit a new application.

Signature:	Date: