



Team Member Application

Programs, services and employment are available equally to everyone. Please inform the Human Resources Department if you require reasonable accommodation to the application or interview.

Date: / /

Position or Department Applying for: _____

Applicant Information:

How were you referred to us: _____

Full Name: _____

Address: Last First Middle City: State: Zip: _____

Phone: _____ Cell: _____ E-Mail: _____

Date Available to Start: _____ Salary Requirement: _____

Have you ever worked for this company? (Circle one) Yes No If Yes, when? _____

Are you legally authorized to work in the U.S.? (Circle One) Yes No

Type of employment desired: (Circle One) Full-Time Part-Time

Have you pled "Guilty" or "No Contest" to or been convicted of a crime? (Circle One) Yes No

If yes, give dates and details:

Answering yes to these questions does not constitute an automatic rejection to employment. Date of offense, seriousness and nature of the violation, rehabilitation and position applied for will be consideration.

Education

High School: _____ City: _____ State: _____

of Years Completed: _____ Did you Graduate? (Circle one) YES NO

GPA: _____ Class Rank: _____

College / University: _____ City: _____ State: _____

of Years Completed : _____ Did you Graduate? (Circle One) YES NO Degree _____

Major: _____ GPA: _____ Class Rank: _____

Other: _____ City: _____ State: _____

of Years Completed : _____ Did you Graduate? (Circle One) YES NO Degree _____

Major: _____ GPA: _____ Class Rank: _____

Summarize Your Skills or Qualifications for the position you are applying:

Availability

Please list your availability through the week.

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Earliest Time							
Latest Time							

Additional scheduling request(s): _____

Previous Employment

Begin with most recent or current position. Complete even if you are attaching a resume. Use a separate sheet of paper if necessary. If unemployed a period exceeding six months, please explain on a separate sheet of paper.

Dates of Employment: From _____ To _____ Position (s) Held: _____

Employer: _____ Address: _____

Phone: _____ Supervisor: _____ Title: _____

Responsibilities: _____

Starting Salary and Title: _____ Ending Salary and Title: _____

Reason for Leaving: _____

May we contact this employer for reference? (Circle one) Yes No

Dates of Employment: From _____ To _____ Position (s) Held: _____

Employer: _____ Address: _____

Phone: _____ Supervisor: _____ Title: _____

Responsibilities: _____

Starting Salary and Title: _____ Ending Salary and Title: _____

Reason for Leaving: _____

May we contact this employer for reference? (Circle one) Yes No

Previous Employment Continued

Dates of Employment: From _____ To _____ Position (s) Held: _____

Employer: _____ Address: _____

Phone: _____ Supervisor: _____ Title: _____

Responsibilities: _____

Starting Salary and Title: _____ Ending Salary and Title: _____

Reason for Leaving: _____

May we contact this employer for reference? (Circle one) Yes No

Dates of Employment: From _____ To _____ Position (s) Held: _____

Employer: _____ Address: _____

Phone: _____ Supervisor: _____ Title: _____

Responsibilities: _____

Starting Salary and Title: _____ Ending Salary and Title: _____

Reason for Leaving: _____

May we contact this employer for reference? (Circle one) Yes No

References

Please furnish the names, address, telephone number and nature of relationship of three people to whom you are not related.

Name: _____ Relationship: _____

Phone () _____ Address: _____ City: _____ State: _____

Name: _____ Relationship: _____

Phone () _____ Address: _____ City: _____ State: _____

Name: _____ Relationship: _____

Phone () _____ Address: _____ City: _____ State: _____

I certify that my answers are true and complete to the best of my knowledge. I authorize H&H to make such investigations and inquire of my personal, employment, educational, financial, or medical history and other related matters as may be necessary for an employment decision. I hereby release employers, schools or person from all liability in responding to inquires in connection with my application. In the event I am employed, I understand that false or misleading information given in my application or interview(s) may result in discharge.

Signature of Applicant: _____ Date: _____

*Please attach resume if applicable for the position you are applying for.