



EMPLOYMENT APPLICATION

An Equal Opportunity Employer

PERSONAL

Name _____ Date of Application _____
 (Last) (First) (Middle)

Address _____ Telephone Number _____
 (Number) (Street) (City/State) (Zip)

EMPLOYMENT DESIRED:

Position(s) applying for: _____

Are you applying for: Full time ___ Part time ___ Temporary work, e.g. summer of holiday work _____

What days and hours are you available for work: _____

If applying for temporary work, during what period of time will you be available?
 From: _____ To: _____

Are you available for work on weekends? Yes ___ No ___

Would you be available to work overtime, if necessary? Yes ___ No ___

If hired, what date can you start work?: _____

PERSONAL INFORMATION

How did you hear about our company and this job opening? _____

Have you filed an application before?..... Yes ___ No ___ If yes, when _____

Have you been previously employed here?..... Yes ___ No ___ If yes, when _____

If hired, would you have a reliable means of transportation to and from work?..... Yes ___ No ___

Are you at least 18 years old? (If under 18, hire is subject to verification that you are of minimum legal age) Yes ___ No ___

Are able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? Yes ___ No ___

If no, describe the functions that cannot be performed: _____

(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination, and to skill and agility tests.)

We may refuse to hire relatives of present employees if doing so could result in actual or potential problems in supervision, security, safety, or morale, or if doing so could create conflicts of interest.

EDUCATION, TRAINING, and EXPERIENCE

	Name/Location	No. of Years Completed	Did you Graduate?	Degree or Diploma
High School				
College				
Graduate				
Vocation/Training				
HealthCare Training				

Any other education or training: _____

EMPLOYMENT HISTORY

(List below all present and past employment starting with your most recent employer (last five years is sufficient))

1	Employer:	Dates From _____ To _____	
	Address:		
	Your Position and Duties:		
	Supervisor:	Reason for leaving:	
	May we contact this employer: Yes _____ No _____		
2	Employer:	Dates From _____ To _____	
	Address:		
	Your Position and Duties:		
	Supervisor:	Reason for leaving:	
	May we contact this employer: Yes _____ No _____		
3	Employer:	Dates From _____ To _____	
	Address:		
	Your Position and Duties:		
	Supervisor:	Reason for leaving:	
	May we contact this employer: Yes _____ No _____		
4	Employer:	Dates From _____ To _____	
	Address:		
	Your Position and Duties:		
	Supervisor:	Reason for leaving:	
	May we contact this employer: Yes _____ No _____		
5	Employer:	Dates From _____ To _____	
	Address:		
	Your Position and Duties:		
	Supervisor:	Reason for leaving:	
	May we contact this employer: Yes _____ No _____		

REFERENCES

List below three persons not related to you who have knowledge of your work performance within the last three years.

	Name	Address	Phone Number	Years Acquainted
1				
2				
3				

Please Read Carefully, Initial Each Paragraph and Sign Below

Initials

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

Initials

I hereby authorize _____ to thoroughly investigate my references, work record, education and other matters related to my suitability for employment (excluding criminal background information) unless otherwise specified above. I further, authorize the references I have listed to disclose to the company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the Company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

Initials

I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and the Company. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the Company, and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and the Company's designated representative.

Initials

In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification document form upon hire.

The Company will consider qualified applicants, including those with criminal histories, in a manner consistent with state and local "Fair Chance" laws.

Date

Applicant's Signature



VOLUNTARY SELF-IDENTIFICATION
(Confidential: For Statistical Use Only)

Hollingsworth is a Government contractor subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended, and Executive Order 11246, which require Government contractors to take affirmative action to employ and advance in employment recently separated veterans, Armed Forces Service Medal Veterans, other protected veterans, women and minorities.

If you are a woman, minority, Armed Forces Service Medal Veteran, recently separated veteran, and/or other protected veteran, we would like to include you under our affirmative action program. If you would like to be included under the affirmative action program, please tell us. You may inform us of your desire to benefit under the program at this time and/or at any time in the future.

Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information provided will be used only in ways that are not inconsistent with the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended, and/or Executive Order 11246. The information you submit will be kept confidential, except that Government officials engaged in enforcing laws administered by OFCCP may be informed.

Hollingsworth is committed to the goal of equality of opportunity in employment. Hollingsworth shall not discriminate because of status as a woman or minority, or recently separated veteran, other protected veteran, or Armed Forces Service Medal veteran ("Protected Veteran") and shall take affirmative action to employ and advance in employment women, minorities, and Protected Veterans at all levels of employment, including the executive level. Such action shall apply to all employment actions including but not limited to recruitment, hiring, promotion, transfer, demotion, layoff, termination, compensation, and selection for training, at all levels of employment.

Please complete the information requested below. Thank you for your cooperation.



General Applicant Information:

Name: _____

Date: _____

Position Applied for: _____

In each of the three following sections, select all the categories with which you identify:

Gender:

Male Female

Race or Ethnic Identify:

- Hispanic or Latino A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race
- White A person having origins in any of the original peoples of Europe, North Africa, or the Middle East
- Black or African-American A person having origins in any of the black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands
- Asian A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam
- American Indian or Alaskan Native A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment
- Two of More Races All persons who identify with more than one of the above five races

Veteran Status:

- Other Protected Veteran**
Any veteran who served on active duty in the U.S. military, ground, navel or air service in a war, campaign or expedition in which a campaign badge has been authorized under laws administered by the Department of Defense.
- Recently Separated Veteran**
Any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground or naval service.
- Armed Forces Service Medal Veteran**
Any veteran who, while serving on active duty in the U.S Military ground, naval or air service, for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

A written copy of Hollingsworth's Affirmative Action Program is available for inspection by any employee or applicant for employment, during normal business hours, in the Human Resources Department. Interested personnel should contact Shannon Sturm at 313-768-1290 for assistance.