

P E R S O N A L	Last Name		First	Middle	Date
	Street Address				Telephone ()
	City, State, Zip				Business Telephone ()
	Email Address				May we contact you at work? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Have you ever applied for employment with us? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: Month/Year/Location:				
	Position Desired				Pay Expected
	Apart from absence for religious observance are you available for full-time work? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, what hours can you work?				Will you work overtime if asked? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Are you legally eligible for employment in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No				When will you be available to begin work?
Other special training or skills					

E D U C A T I O N	School	Name and Location of School	Course of Study	No. of Years Completed	Did you Graduate?	Degree or Diploma
	Graduate				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	College				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Business/Trade/ Technical				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	High School				<input type="checkbox"/> Yes <input type="checkbox"/> No	

<p align="center">Membership in Professional or Civic Organizations (Exclude those which may disclose your race, color, religion or national origin.)</p>	

EMPLOYMENT HISTORY

Please give accurate, complete full-time and part-time employment record. Start with your present or most recent employer.

1	Company Name	Telephone ()
	Address	Employed (mm/yyyy) From To
	Name/Title of Supervisor	Monthly Pay Start Last
	State Job Title and Describe Your Work	Reason for Leaving

2	Company Name	Telephone ()
	Address	Employed (mm/yyyy) From To
	Name/Title of Supervisor	Monthly Pay Start Last
	State Job Title and Describe Your Work	Reason for Leaving

3	Company Name	Telephone ()
	Address	Employed (mm/yyyy) From To
	Name/Title of Supervisor	Monthly Pay Start Last
	State Job Title and Describe Your Work	Reason for Leaving

4	Company Name	Telephone ()
	Address	Employed (mm/yyyy) From To
	Name/Title of Supervisor	Monthly Pay Start Last
	State Job Title and Describe Your Work	Reason for Leaving

	We may contact the employers listed above unless you indicate not to.	DO NOT CONTACT	
		Employer	Employer
		Reason	Reason

REFERENCES

Provide professional references only.

1	Name	Relationship
	Address	Telephone ()

2	Name	Relationship
	Address	Telephone ()

3	Name	Relationship
	Address	Telephone ()

4	Name	Relationship
	Address	Telephone ()

Interviews

Interviews and hiring are on a competitive basis, using job-related factors after a written application has been received and reviewed. Because an application has been received, it does not necessarily mean an interview will be granted.

Termination—Permission to Acquire Information

If employed, I agree to conform to HMMH's rules and regulations as set forth now or hereafter in any of its operations and policy manuals and other communications. I understand that non-conformity may result in dismissal.

This employment application is used to notify me that the nature and scope of an investigation, if one is conducted, could include such general identification information as residence verification and, as applicable, information concerning my employment, education, general reputation, character, personal characteristics and habits, and that such information may be developed through personal interviews with third parties such as family members, neighbors, friends, associates, former employers, financial sources and custodians of official records. Only job-related information developed from such a report will be considered in evaluating my employment application or continued employment. I hereby authorize these persons, companies, organizations or corporations to answer all questions or release any information regarding these items listed in this paragraph. I hereby release them from any liability and hold them harmless from any claim for releasing any truthful information within their knowledge and/or records.

I authorize HMMH to release to any person, firm, entity or organization with which I may seek employment in the future, any truthful information concerning my work experience with HMMH. I hereby release and hold HMMH harmless from any claim for releasing any truthful information within its knowledge and/or records.

I understand that the Immigration Reform and Control Act may require me to prove the legality of my residency or citizenship and that failure to do so may cause the termination of my employment, with or without notice to me. I further understand and agree that, at any time, my employment and compensation can be terminated, with or without cause, and without notice, at the option of my employer.

I certify that the answers given by me to the foregoing questions and during any interviews are true and correct without consequential omissions, and understand that, if employed, omissions and/or false statements on this application or during any interviews may result in dismissal.

This application is current only for 60 days, at the conclusion of which time if you have not heard from us and still wish to be considered for employment, it will be necessary for you to fill out a new application.

I have had an opportunity to have my questions about this statement's content and intent answered and understand its terms.

By indicating my name below, I certify that information contained in this application is true, correct and complete. I authorize the verification of any or all of the information listed above.

Applicant's Name _____

Date _____

HMMHagency