



APPLICATION FOR EMPLOYMENT

(An Equal Opportunity Employer)

Name	Date			
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; text-align:center; border-bottom: 1px solid black;">LAST</td> <td style="width:33%; text-align:center; border-bottom: 1px solid black;">FIRST</td> <td style="width:33%; text-align:center; border-bottom: 1px solid black;">MIDDLE</td> </tr> </table>	LAST	FIRST	MIDDLE	
LAST	FIRST	MIDDLE		

Current Address				
STREET	CITY	STATE	ZIP	

Perm. Address				
STREET	CITY	STATE	ZIP	

Phone	Email
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Soc.Sec.#	Are you: 21 years or older? (Y/N)	Over 16? (Y/N)
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Are you employed now?	By whom?	Since when?
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Current position	May we contact your present employer?	Person to contact
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Are you prevented from lawfully becoming employed in the U.S. because of visa or immigration status (Y/N)?	Have you been convicted of any offense (other than non-moving traffic infractions) (Y/N)?
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Please note that we reserve the right to conduct background checks on applicants for employment.

EMPLOYMENT DESIRED

Position	Date You Can Start	Date You Must End					
Availability (indicate hours)	M	TU	W	TH	F	SA	SU

Ever applied before to HCV?	If so, for what Position?	Roughly When?
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EDUCATION

	Name & Location of School	# of Yrs. Attended	Did you Graduate?	Subjects Studied
Grammar School				
High School				
Trade, Business or Correspondence School				
College				
Post-Graduate				

GENERAL

Special Skills or Training

Special Study or Research

Activities (civic, athletic, etc.)

Exclude organizations, the name of which may indicate the race, creed, sex, age, marital status, color or nation of origin of its members.

LAST

FIRST

MIDDLE

EMPLOYERS

List below your previous employers, starting with the most recent.

Date (month and year)	Name, Address & Phone of Employer	Salary	Position	Reasons for Leaving
From				
To				
From				
To				
From				
To				
From				
To				

U.S. Armed Service

Rank

Present Membership in
Nat. Guard or Reserves

Which of these jobs did you like best?

What did you like most about this job?

REFERENCESList 3 persons not related to you, whom you have known for at least one year.

	Name, Address and Phone of Reference	Associated Business	Years Acquainted
1			
2			
3			

EMERGENCY CONTACT

Name	Address	Phone

I certify that all the information submitted by me on this application is true and complete, and I understand that if any false information, omissions or misrepresentations are discovered, my application may be rejected and, if I am employed, my employment may be terminated at any time.

Date

Signature of Applicant

THE FOLLOWING SECTION FOR INTERVIEWER NOTES