

HCM, INC.

Application for Employment

We consider applicants for all positions without regard to race, color, religion, gender, national origin, age, marital or veteran status, the presence of non-job-related medical condition or disability, or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For			Date of Application		
How Did You Learn About Us?					
<input type="checkbox"/> Advertisement		<input type="checkbox"/> Friend		<input type="checkbox"/> Walk-In	
<input type="checkbox"/> Employment Agency		<input type="checkbox"/> Relative		<input type="checkbox"/> Other _____	
Last Name		First Name		Middle Name	
Address	Number	Street	City	State	Zip Code
Telephone Number(s)				Social Security Number	

Have you ever filed an application with us before? Yes No
If Yes, give date _____

Have you ever been employed with us before? Yes No
If Yes, give date _____

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Yes No

Proof of citizenship or immigration status will be required upon employment.

On what date would you be available to work? _____

Are you available to work: Full Time Part Time Shift Work Temporary

Are you currently on "lay-off" status and subject to recall? Yes No

Can you travel if a job requires it? Yes No

Have you ever been convicted of a felony? Yes No

If Yes, please explain what, where and the charge: _____

Employment Experience

Start with your present job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disability or other protected status.

1. Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)	Hourly Rate/Salary		
	Starting	Final	
Job Title	Supervisor		
Reason for Leaving			

2. Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)	Hourly Rate/Salary		
	Starting	Final	
Job Title	Supervisor		
Reason for Leaving			

3. Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)	Hourly Rate/Salary		
	Starting	Final	
Job Title	Supervisor		
Reason for Leaving			

4. Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)	Hourly Rate/Salary		
	Starting	Final	
Job Title	Supervisor		
Reason for Leaving			

If you need additional space, please continue on a separate sheet of paper.

Special Skills and Organizations

Summarize special job-related skills and qualifications acquired from employment or other experience.

Licenses/Certifications Held

	Elementary School				High School				Undergraduate/ College/University				Graduate Professional			
School Name & Location																
Years Completed					1	2	3	4	1	2	3	4	1	2	3	4
Diploma/Degree																
Describe Course of Study																
Describe any specialized training, apprenticeship, skills and extra-curricular activities																
Describe any honors you have received																
State any additional information you feel may be helpful to us in considering your application																

Indicate any foreign languages you can speak, read and/or write			
	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

List professional, trade, business or civic activities and offices held.
You may exclude memberships which would reveal sex, race, color, religion, gender, national origin, age, marital or veterans status, disability or other protected status:

References

Give name, address and telephone number of three references who are not related to you and are not previous employers.

- _____
- _____
- _____

Have you ever had any job-related training in the United States military? Yes No

If Yes, please describe _____

Are you able to perform the essential duties of the job for which you are applying? (with or without reasonable accommodation).

(I have reviewed the job description and physical requirements of the job) Yes No

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days.

I hereby understand and acknowledge that any employment that any employment relationship I may have with HCM, Inc. is of an "at will" nature, which means that I may resign at any time and HCM, Inc. may discharge me at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by the president of HCM, Inc.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer. I agree I will be subject to a 90 day introductory period. I have reviewed the job description and physical requirements of the job and I hereby authorize my former employers to furnish all information pertaining to my work record and release my former employers from all liability on account of furnishing such information to the company.

Signature of Applicant _____ Date _____

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview Yes No

Remarks _____

INTERVIEWER DATE

Employed Yes No Date of Employment _____

Job Title _____ Hourly Rate
Salary _____ Department _____

Shift _____

By _____
NAME AND TITLE DATE

Arrange Post Hire Medical Evaluation Yes No

Employment Data Record

Employees are treated during employment without regard to race, color, religion, gender, national origin, age, marital or veteran status, medical condition or disability, or any other legally protected status.

As an employer with an Affirmative Action Program, we comply with government regulations, including Affirmative Action responsibilities where they apply.

The purpose for this Data Record is to comply with government record keeping, reporting, and other legal requirements. Periodic reports are made to the government on the following information. The completion of this Data Record is optional. If you choose to volunteer the requested information please note that all Data Records are kept in a Confidential File and are not a part of your Application for Employment or personnel file. Please note: YOUR COOPERATION IS VOLUNTARY, INCLUSION OR EXCLUSION OF ANY DATA WILL NOT AFFECT ANY EMPLOYMENT DECISION.


VOLUNTARY SURVEY

(Please Print)

Date _____

Government agencies at times require periodic reports on gender, ethnicity, disability, veteran and other protected status of employees. This data is for statistical analysis. SUBMISSION OF THIS INFORMATION IS VOLUNTARY.

Name		
Address		
City	State	Zip
Social Security No.		

 Complete Only The Sections Below That Have Been Checked	
	Current Job
	Check One: <input type="checkbox"/> Male <input type="checkbox"/> Female
	Check One of the Following: (Ethnic Origin) <input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Black <input type="checkbox"/> Other <input type="checkbox"/> Asian/Pacific Islander
	Check If Any of the Following are Applicable: <input type="checkbox"/> Vietnam Era Veteran <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Disabled or Handicapped Individual
	Birthdate