



Employment Application Form
Equal Opportunity Employer

Date: _____

Name: _____
(Last) (First)

Present Mailing Address: _____
(City) (State) (Zip)

Permanent Mailing Address: _____
(City) (State) (Zip)

Telephone Number: _____ Are you 15 or older? _____

Email Address: _____

Position Desired: 1st choice: _____ 2nd _____ 3rd _____

Date Available: _____ Ever applied at HRC before/when? _____

Have you ever plead guilty or "no contest" to or been convicted of a criminal offense?
Yes ___ No ___ If yes, give dates and circumstances _____

	Name and location of school	Years Attended	Graduate?	Degree Received?
Grammar School				
High School				
College				
Other				

Former Employment (Present or most recent listed first)

Name & Address: _____ Salary: _____

Reason for Leaving: _____ From: _____ to _____

Name & Address: _____ Salary: _____

Reason for Leaving: _____ From: _____ to _____

Name & Address: _____ Salary: _____

Reason for Leaving: _____ From: _____ to _____



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Personal References (List 3 people you are not related to)

Name: _____	Name: _____	Name: _____
Occupation: _____	Occupation: _____	Occupation: _____
Address: _____ _____	Address: _____ _____	Address: _____ _____
Phone: _____	Phone: _____	Phone: _____

List any current special license(s), permit(s), certification(s) and level or credit hours(CPR, lifeguard, 1st aid)

Type	Level	Expiration Date

If applying for a full time or maintenance position please fill out the following. Listing your drivers licesne # and date of Birth gives HRC your permission to run a MVR report.

Driver License # and State issued in: _____ DOB: _____

Authorization

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I Authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authorization to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative."

Signature: _____ Date: _____

Print: _____