



# Application for Employment

*Qualified applicants receive equal consideration. No question is asked for the purpose of excluding any applicant due to race, color, national origin, religion, age, sex, disability, veteran status, or any other characteristic protected under local, state or federal law.*  
**WE ARE AN EQUAL OPPORTUNITY EMPLOYER.**

Date \_\_\_\_\_

Name \_\_\_\_\_  
Last First M.I.

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Referred by: \_\_\_\_\_

Type of work for which you wish to be considered. \_\_\_\_\_

Have you ever applied to this company before? Yes ☐ No ☐

If so, when? \_\_\_\_\_

Are you presently employed? Yes ☐ No ☐

If so, may we contact your present employer? Yes ☐ No ☐

If hired, when would you be available? \_\_\_\_\_

Wage/Salary desired? \_\_\_\_\_

## Employment History

Please list your complete employment history. List present or most recent employer first.

Use an additional page, if necessary.

Date (Month & Year)	Name & Address of Employer	Wage	Position	Reason for Leaving	May we Contact Employer
From: To:					Yes or No
From: To:					Yes or No
From: To:					Yes or No
From: To:					Yes or No
From: To:					Yes or No

## Education

Schools	Name/Location	Circle Highest Completed Level	Major Courses	Diploma/Degree
High School		7 8 9 10 11 12		
College		1 2 3 4 more		
Business/Trade		Months Attended		
Other				

Have you served in the United States Armed Forces? Yes ☐ No ☐

If yes, briefly describe the skills and rank you acquired. \_\_\_\_\_  
\_\_\_\_\_

## Personal Information

Are you legally authorized to work in the U.S.? Yes ☐ No ☐

*Note: you will be required to furnish documents to verify your eligibility for employment in accordance with the Immigration Reform and Control Act and your employment is contingent upon furnishing such documents.*

Do you have a valid driver's license? Yes ☐ No ☐

Are you an experienced operator of any machines or equipment? Yes ☐ No ☐

If yes, please list. \_\_\_\_\_

How would you rate your computer skills? Beginner ☐ Intermediate ☐ Advanced ☐ Expert ☐

Describe. \_\_\_\_\_  
\_\_\_\_\_

Do you have any other skills you wish to mention? \_\_\_\_\_  
\_\_\_\_\_

## Professional References

Company Name		
Contact Person		Co-worker <input type="checkbox"/> Management <input type="checkbox"/>
Phone Number		

Company Name		
Contact Person		Co-worker <input type="checkbox"/> Management <input type="checkbox"/>
Phone Number		

Company Name		
Contact Person		Co-worker <input type="checkbox"/> Management <input type="checkbox"/>
Phone Number		

I certify that the answers given by me to the foregoing questions and statements are true and correct to the best of my knowledge without consequential omissions of any kind. I agree that the Company shall not be held liable in any respect if my employment is rejected or subsequently terminated because of false statements, answers or omissions made by me in this application. I understand that any misleading or incorrect statements may render this application void, and if employed, may lead to employment termination. I understand that a negative drug test is required for continued employment with H&W Global Industries. I also voluntarily and knowingly authorize the companies, schools or persons named above to give any information requested regarding my former employment, character and qualifications. I hereby voluntarily and knowingly fully release and discharge, absolve, indemnify, and hold harmless said companies, schools or persons from any and all liability for any damages for issuing this information, except for the malicious and willful disclosure of derogatory facts concerning my employment made for the express purpose of preventing me from obtaining employment, which the party disclosing such facts knows to be untrue. In consideration of my employment, I agree to conform to the rules and regulations of this organization. My employment and compensation can be terminated with or without cause and with or without notice, at any time, at the option of either my employer or myself.

Date \_\_\_\_\_

Date Received: \_\_\_\_\_