THE HENDRICKS HOUSE GROUP

EMPLOYMENT APPLICATION

Programs, services, and employment are equally available to everyone. Please inform the Human Resources Department if you require reasonable accommodations for the application and/or interview.

Name:				
	First	Middle	Last	
Address:				
Street		City	State	Zip
Contact Information:				
	Home Phone	Cell Phone	E-mail a	ddress
ххххххххххх	XXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXX	хххххххххх
POSITION SOUGH	<u> </u>			
Social Security Numb	oer:		Salary Requireme	ent:
Available start date:				
Type of employment	desired:Full-t	timePart time	Tempora	arySeasonal
•		House Group before?		NO
		House Group before: _	•	NO
Do you have any frier		acquaintances working	g for The Hendricks	House Group?
If yes, please list nam	ne and relationship:_			
•	• •	cy, special skills, or oth ch you are applying:	-	•
Do you speak, write, If yes, which languag	•	oreign language? of a speaker you consid	YES ler yourself to be: _	NO

	Name & Location	Graduate?	Degree?	Major/Subjects of study		
High School						
College or University						
Specialized Training, Trade School, etc.						
Other Education						
Licenses:						
Other credentials:						
XXXXXXXXXXXX	XXXXXXXXXX	CXXXXXXXXXX	CXXXXXXXXXXX	XXXXXXXXXXX		
PREVIOUS EXPERIENCE: Please list positions stating with the most recent.						
Dates Employed	Company Name	Position Title	Supervisor	Salary		
Position Responsibilities and Reason for Leaving:						
Dates Employed	Company Name	Position Title	Supervisor	Salary		
Position Responsibili	ities and Reason for	Leaving:				

Dates Employed	Company Name	Position Title	Supervisor	Salary		
Position Responsibil	lities and Reason for	Leaving:				
Fernance						
		· · · · · · · · · · · · · · · · · · ·	96.00.00.00.00.00.00.00.00.00.00.00.00.00			
If you are currently e	employed may we co	ntact vour preser	nt employer?YES	NO		
•				•••••		
, , , , , , , , , , , , , , , , , , ,	,					
XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXX	XXXXXXXXXXXXX	XXXXXXXXXX		
OTHER INFORMA	ATION:					
If hired, would you b	e able to present evi	dence of your U.S	6. citizenship or proof of yoเ	ur legal right to work		
in the United States?	?YES	NO				
If hired, are you willing	ng to submit to and p	ass a controlled s	substance test?	_YESNO		
If him all and the second			-in-matin-manintan	/FO NO		
if nired, are you willi	ng to submit to a bac	кдгоипа спеск us	sing fingerprints?	YESNO		
Do you smoke?	YES	NO				
		_,,,				
Are you able to perfo	orm the functions of t	he position for wh	nich you are applying, eithe	r with or without		
	odations?Y					
	inctions you cannot p					
			considers reasonable accor			
•		• •	nployees to perform essent			
-	-	l/agility and may i	be subject to a medical exa	mination by a		
medical professional	1.)					
Are there any other a	areas of the job desc	ription that you ca	annot meet? YE	ES NO		
If yes, what are those	•	inputori utat you oc				
,						
XXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXX	XXXXXXXXXXXXXXXXX	XXXXXXXXXXX		
PLEASE READ A	ND INITIAL EACH	PARAGRAPH	AND THEN SIGN BEL	OW:		
: I certify that	I have not purposely	withheld any info	rmation that might adverse	ly affect my chances		
for hiring. I attest to the fact that the answers given by me are true and correct to the best of my						
-	•		cluding any misstatement) o			
• •	•		ent can be grounds for rejec	• •		
	•	ouse Group, terms	s for my immediate termina	ition from The		
Hendricks House Gr	oup.					

I understand that if I am employed, my employment is not definite and can be terminated at any time either with or without prior notice and by either me or The Hendricks House Group (The Hendricks House Group is an AT WILL EMPLOYER).
I permit The Hendricks House Group to examine my references, record of employment, education record, and any other information I have provided. I authorize the references (both professional and personal) I have listed to disclose any information related to my work record and my professional experiences with them, without giving me prior notice of such disclosure. In addition, I release The Hendricks House Group, my former employers, and all other persons from any and all claims, demands, or liabilities arising out of or in any way related to such examination or revelation.
Applicant's Signature:
Date: