

# APPLICATION FOR EMPLOYMENT



## PERSONAL INFORMATION

DATE \_\_\_\_\_

NAME (LAST, FIRST, MI)			
PRESENT ADDRESS	CITY	STATE	ZIP CODE
PERMANENT ADDRESS	CITY	STATE	ZIP CODE
PHONE NUMBER	DRIVERS LICENSE #		
EMAIL ADDRESS			
EMERGENCY CONTACT			

## EMPLOYMENT DESIRED

POSITION		START DATE	SALARY DESIRED
ARE YOU CURRENTLY EMPLOYED?	YES <input type="checkbox"/> NO <input type="checkbox"/>	IF SO, MAY WE CONTACT YOUR EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	ARE YOU LEGALLY AUTHORIZED TO WORK IN THE US? <input type="checkbox"/> YES <input type="checkbox"/> NO
<b>IF APPLYING FOR A DRIVER'S POSITION, PLEASE INCLUDE A COPY OF YOUR DRIVERS HISTORY FROM THE DMV.</b>			

## EDUCATION HISTORY

	NAME & LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
HIGH SCHOOL				
COLLEGE				
TRADE OR BUSINESS SCHOOL				

## SPECIAL TRAINING OR SKILLS APPLICABLE TO POSITION BEING SOUGHT


**PRE-EMPLOYMENT QUESTIONNAIRE**  
**EQUAL OPPORTUNITY EMPLOYER**

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 Revised September 2020

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## FORMER EMPLOYERS

DATE MONTH & YEAR	NAME & ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
JOB DESCRIPTION & DUTIES				
FROM				
TO				
JOB DESCRIPTION & DUTIES				
FROM				
TO				
JOB DESCRIPTION & DUTIES				
FROM				
TO				
JOB DESCRIPTION & DUTIES				

## REFERENCES (PLEASE LIST THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.)

NAME	PHONE NUMBER	RELATIONSHIP	YEARS KNOWN

## 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 authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws."

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

### **Acknowledgement**

Consent to test for drug/alcohol in the event of work related injury and acknowledgement regarding medical services and light duty.

I understand that I am required to immediately report any work related injuries that may result from my employment with Howie's Enterprises to a designated management staff member. I also understand that I must seek medical treatment for my injuries at a Howie's Enterprises designated occupational medical provider. Howie's Enterprises requires any employee under suspicion or has suffered work related injury or illness to be tested for the presence of drug and/or alcohol. I also understand that refusal to comply with a reasonable request by my employer and will be cause for dismissal, and may affect my workers compensation benefits. If I am offered light duty I understand that I must report on time for my light duty assignment. Failure to report at the proper time and/or place of my light duty assignment or failure to perform my duties in a diligent manner will be grounds for my immediate dismissal.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### **Employment Verification Authorization**

I hereby certify that all questions are accurately answered and I authorize Howie's Enterprises to contact my former employers, references, and all other sources listed in the application. I further understand that any false, misleading or incorrect statements may render this application void, and, if employed may be grounds for termination. I also authorize Howie's Enterprises to conduct investigation background inquires on me, to include consumer, criminal, civil, driving and other reports as needed. I also authorize Howie's Enterprises to review any current or prior industrial injury claims on file with the State of Kansas Workers Compensation department, and other medical providers in order to determine my physical capabilities in regard to potential job assignments.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date