



APPLICATION FOR EMPLOYMENT

A. GENERAL INFORMATION		
Print Name (First, Last):		Any Previous Last Name
Current Street Address		Today's Date:
City:		Personal E-mail:
State:	Zip:	Contact Phone
If not a resident at current address for 2 years, give previous address(es) and phone number(s), including dates you lived in each location.		
List States and Counties of residence for the last seven (7) years:		
Are you a US citizen or legally authorized to work in the United States? (Verification will be required if hired) _____ Yes _____ No		
Date available to begin work:	Are you 18 or over? _____ Yes _____ No	
Do you have any relatives, friends or a significant other working for this company? _____ Yes _____ No If yes, list name(s) and position(s):		
Have you ever worked for this company before? _____ Yes _____ No If yes, list year(s) and position(s):		
B. JOB INTEREST		
What Position(s) are you Interested In:		
Type of Employment Desired: (Circle all you would consider) Temporary(Incl Summer) Part Time Full Time		
C. EDUCATION		
Name and City/State of School	Date Started / Date Completed	Degree Obtained or In Progress
High School:		
Other:		
Other:		
D. REFERENCES: Please list at least 2 persons (non-relatives) who can act as references regarding your work qualifications and/or your work abilities. Personal references should be provided only when two professional references are not available.		
Name (First, Last)	Phone Number (Including Area Code)	Relationship to you
E. SPECIAL SKILLS & QUALIFICATIONS: Summarize special skills or qualifications you have not listed in any attached resume or related information		



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F. EMPLOYMENT HISTORY: Please complete fully even if information is represented in attached resume.		
Most Recent Employer - Company Name, City and State:		
Last Position	Hire Date	Separation Date
Supervisor Name & Phone	HFAC Verification Use Only: _____ Dates _____ Position	
Describe Duties & Reason for Leaving		
Previous Employer - Company Name, City and State:		
Last Position	Hire Date	Separation Date
Supervisor Name & Phone	HFAC Verification Use Only: _____ Dates _____ Position	
Describe Duties & Reason for Leaving		
Previous Employer - Company Name, City and State:		
Last Position	Hire Date	Separation Date
Supervisor Name & Phone	HFAC Verification Use Only: _____ Dates _____ Position	
Describe Duties & Reason for Leaving		

I understand and certify that all information supplied by me in this application, any attached resume or any other information provided by me for consideration of my employment, is complete and accurate to the best of my knowledge. I understand that any false, misleading or incomplete information I provide for consideration of my employment with this company, may result in the rejection of my application or, if employed, the termination of my employment.

Should I become an employee, I agree to conform to the rules and regulations of the Employer, and further agree that my employment and compensation would be at the will of the Employer, and could be terminated, with or without cause, and with or without notice, at any time, at the option of either the Employer or myself.

I understand that only the GM or a representative of HFAC Ownership has the authority to offer me employment. No supervisor, agent or other employee of HFAC has the authority to enter into any agreement for employment or modify any of the terms specified herein.

I understand and hereby authorize all persons, schools, companies, employers and/or their representatives to provide verification to the Employer, its representatives or agents, any and all information I have provided for consideration of employment. In addition, I hereby agree to hold harmless and to release from all liability all said persons, schools, companies, employers and/or their representatives from any and all claims that I may have, or which may arise, as a result of them providing such verification. I further authorize the Employer, should they employ me, to release employment references to other parties in the future. I understand that any decision to hire me or to not hire me may be subject to the results of reference inquiries.

I understand this application will be active for employment consideration for 30 days. After 30 days, if I wish to be considered for employment, I must contact the Employer to determine if applications are being accepted.

I have read, understand and agree with the statements above.

Applicant Signature

Date



HFAC AVAILABILITY AGREEMENT

HFAC is open 7 days a week, with hours from early morning to late evening, every day of the year except Christmas day. A job candidate or employee’s current availability and schedule flexibility may be a key factor in a hiring decision, and in our ability to offer ongoing employment. To help us retain our strong commitment to encouraging work/life balance in our employees, we do require time off requests to be made in advance, and such requests are subject to approval. This includes any time off requests for Holidays (religious, federal or other). Please ask your Hiring Supervisor if you have any questions about the details of our policy.

Indicate your work availability each day of the week below. Write down what time you are available (e.g. starting at 4:30 am, ending at 12noon). There are multiple start/end times in case you need to accommodate a course schedule, childcare or other schedule limitations. In the final line you can write your preferred schedule. If you are not available a specific day, write “NA”. If you are available but prefer a day off write “off” in the preferred schedule line.

Availability	Mondays	Tuesdays	Wednesdays	Thursdays	Fridays	Saturdays	Sundays
Start/ End							
Start/ End							
Start/ End							
Preferred:							

How many hours a week would you prefer to work?	Are you willing to work overtime?
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I understand that my employment may be based on the availability I have indicated above. Should my availability change, I agree to update this availability schedule with a minimum of two weeks notice. I understand that changes in my work availability, or changes in the schedule needs of the business, may impact my ongoing employment.

Please Sign here:

Date:

THANK YOU FOR YOUR INTEREST IN OUR COMPANY!