

# FHC, Inc. Frederick Haer & Co.

## APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For	Date of Application
-------------------------	---------------------

How Did You Hear About Us?		
<input type="checkbox"/> Advertisement <input type="checkbox"/> Employment Agency	<input type="checkbox"/> Friend <input type="checkbox"/> Relative	<input type="checkbox"/> Inquiry <input type="checkbox"/> Other _____

Last Name	First Name	Middle Initial
Address	City	State      Zip Code
Telephone Number(s)		Social Security Number

Best time to contact you at home is: \_\_\_\_\_:\_\_\_\_\_ AM  
 \_\_\_\_\_:\_\_\_\_\_ PM

If you are under 18 years of age, can you provide required proof of your eligibility to work?      Yes      No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?      Yes      No

Have you ever been convicted of a felony?      Yes      No

Have you ever filed an application with us before?      Yes      No  
 If Yes, give date \_\_\_\_\_.

Do any of your friends or relatives, other than spouse, work here?      Yes      No  
 If Yes, state name, and relationship.

Are you currently employed?      Yes      No

Date available for work \_\_\_\_/\_\_\_\_/\_\_\_\_ What is your desired salary range? \_\_\_\_\_

Are you available to work:

- Full Time
- Part Time
- Temporary
- First Shift
- Second Shift

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

EDUCATION				
School	Name and Address Of School	Course of Study	Years Completed	Diploma/ Degree
High School				
Undergraduate College				
Graduate/ Professional				
Other (Specify)				

**WORK EXPERIENCE** Start with your present or last job

Employer	Dates Employed		Work Performed
Address	From	To	
Telephone Number(s)			
Starting/Present Job Title	Hourly Rate/Salary		
Supervisor	Starting	Final	
Reason For Leaving			May We Contact <input type="checkbox"/> Yes <input type="checkbox"/> No

Employer	Dates Employed		Work Performed
Address	From	To	
Telephone Number(s)			
Starting/Present Job Title	Hourly Rate/Salary		
Supervisor	Starting	Final	
Reason For Leaving			May We Contact <input type="checkbox"/> Yes <input type="checkbox"/> No

Employer	Dates Employed		Work Performed
Address	From	To	
Telephone Number(s)			
Starting/Present Job Title	Hourly Rate/Salary		
Supervisor	Starting	Final	
Reason For Leaving			May We Contact <input type="checkbox"/> Yes <input type="checkbox"/> No

COMMENTS: Include explanation of any gaps in employment.


Describe any specialized training, apprenticeship, skills and extra-curricular activities.

Describe any United States military experience including type of discharge.

List professional, trade, business or civic activities and offices held.

**SPECIALIZED SKILLS** (√ Skills/Equipment Operated)

___ Computer ___ MS Word ___ Excel ___ _____	___ Typing WPM ___ ___ Spreadsheet ___ Word Processing	Production/ Machinery (list) _____ _____ _____	Other (list) _____ _____ _____
---	---	--	---

State any additional information you feel may be helpful to us in considering your application

**PROFESSIONAL REFERENCES** (No personal references please)

Name	Phone Number	Best Time to Call	Occupation
1.			
2.			
3.			

**NON-SMOKING POLICY**

FHC maintains smoke- and tobacco-free premises. No smoking, or other use of tobacco products, is permitted by FHCers, clients, contractors and visitors in any part of our buildings, any part of the campus or in vehicles owned, leased or rented by FHC. No additional breaks, beyond those allowed under FHC's break policy, may be taken for the use of tobacco products.

Signing below indicates that you understand and agree to abide by the company's smoking policy.

**APPLICANT'S STATEMENT**

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

_____ Signature of Applicant	_____ Date
---------------------------------	---------------