



APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer – M/F/D/V

Each question should be fully and accurately answered. No action can be taken on this application until all questions have been answered. Use blank paper if you do not have enough room on this application.

Personal Data

Name _____
Last First Middle

Address _____
Number and Street City State Zip code

Phone Number _____ Email Address _____

Position Applied for _____

When are you available for employment? _____ Salary Expected _____

Referred by _____

	YES	NO
Have you applied here before?	<input type="checkbox"/>	<input type="checkbox"/>
Under 18 years of age?	<input type="checkbox"/>	<input type="checkbox"/>
<i>A work permit may be required where appropriate</i>		
Legally eligible for employment in the U.S.?	<input type="checkbox"/>	<input type="checkbox"/>
<i>If hired, verification is required by law</i>		

Are you willing to work overtime? Yes No

Have you ever been educated or employed under a different name? Yes No

If yes, state name: _____

Do you have a relative in our employ? Yes No If yes, state name: _____

If selected for employment are you willing to submit to a Preemployment Drug Screening test? Yes No

Are you able to perform the essential functions of the position applied for with or without reasonable accommodation?

Yes No

If "No" Please supply the reasonable accommodations that you require: _____

Experience

List names of employers in consecutive order with present employer listed first. Account for all periods of time including military service and any periods of unemployment. If self-employed, please give firm name and supply business references.

Name of Employer _____ Position _____
Address _____ Tel. No. (____) _____
Dates Employed From _____ To _____ Supervisor's Name _____
Type of Business _____ Supervisor's Phone Number (____) _____
Duties and Responsibilities _____

Number of Employees Supervised (If applicable) _____

Reason for Leaving _____

Are you presently employed? Yes No If yes, may we contact your present employer? Yes No

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Address _____ Tel. No. (____) _____
Dates Employed From _____ To _____ Supervisor's Name _____
Type of Business _____ Supervisor's Phone Number (____) _____
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Address _____ Tel. No. (____) _____
Dates Employed From _____ To _____ Supervisor's Name _____
Type of Business _____ Supervisor's Phone Number (____) _____
Duties and Responsibilities _____

Number of Employees Supervised (If applicable) _____

Reason for Leaving _____

EDUCATION AND TRAINING

Level	Name & Address of School	Courses/Major	Diploma or Degree	Graduated Yes - No
High School or Equivalent				
College/Univ.				
Commercial or Technical				

(If no, indicate number of years attended)

SPECIAL SKILLS

What selling, special technical, or computer skills, and/or individual capabilities do you have which prepare you for the position you have applied for?

APPLICANT STATEMENT

I certify that the information I have supplied on this application is true and complete. I understand that any misrepresentation by me on this application or during the interview process will cause me to be ineligible for employment and grounds for immediate termination of employment from Headwater Companies. I authorize Headwater Companies to investigate all references and to secure additional job-related information about me. I hereby release Headwater Companies from liability for seeking such information and all other persons, corporations and/or organizations for furnishing such information. If employed, I understand and agree that my employment can be terminated, at any time and for any reason, at the option of either Headwater Companies or myself, with or without prior notice.

APPLICANT SIGNATURE

DATE