



Hohensteins, Inc. provides Equal Employment Opportunities (EEO) to all employees and applicants for employment without regard to race, color, religion, sex, national origin, age, disability or genetics. In addition to federal law requirements, Hohensteins, Inc. complies with applicable state and local laws governing nondiscrimination in employment in every location in which the company has facilities. None of the questions in this application are intended to elicit information regarding any protected characteristics, nor imply any limitation, illegal preferences or discrimination based upon non-job-related information or protected characteristics. If you need help to fill out this application form or during any phase of the application, interview, or employment process, please notify the person who gave you this form and every reasonable effort will be made to accommodate your needs in a timely manner.

PERSONAL	LAST NAME:	FIRST NAME:	MIDDLE:	DATE
	STREET ADDRESS:			PHONE #
	CITY, STATE, ZIP:			SOCIAL SECURITY NO.
	POSITION DESIRED			DESIRED WAGE OR SALARY:
	IF HIRED, CAN YOU FURNISH PROOF THAT YOU ARE 18 YEARS OF AGE OR OLDER? <input type="checkbox"/> YES <input type="checkbox"/> NO			
	IF APPLYING FOR A DRIVING POSITION PLEASE PROVIDE DRIVER LICENSE # AND ISSUING STATE <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D			
	ARE YOU AVAILABLE FOR FULL-TIME WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO			
	IF NOT, WHAT HOURS CAN YOU WORK? _____			WHEN WILL YOU BE AVAILABLE TO BEGIN WORK?
	HOW DID YOU LEARN OF OUR ORGANIZATION?			
	Email Address			

EDUCATION	SCHOOL	NAME AND LOCATION OF SCHOOL	NO. OF YEARS COMPLETED	DID YOU GRADUATE?	COURSE OF STUDY
	COLLEGE			Yes No	
	HIGH SCHOOL			Yes No	
	ELEMENTARY			Yes No	
	OTHER			Yes No	

MILITARY	COMPLETE THIS SECTION IF YOU SERVED IN THE U.S. ARMED FORCES.	BRANCH OF SERVICE
	DESCRIBE YOUR DUTIES AND ANY SPECIAL TRAINING RELATED TO THE POSITION THAT YOU ARE APPLYING FOR:	PERIOD OF ACTIVE DUTY (MONTH & YEAR) FROM: TO:
	PRESENT MEMBERSHIP IN NATIONAL GUARD OR RESERVES? Yes No	

EMPLOYMENT HISTORY		PLEASE GIVE ACCURATE, COMPLETE FULL & PART-TIME EMPLOYMENT RECORD DURING THE LAST SEVEN YEARS. START WITH PRESENT OR MOST RECENT EMPLOYER.	
1	COMPANY NAME	TELEPHONE	
	ADDRESS	DATE OF EMPLOYMENT FROM: TO:	
	NAME OF SUPERVISOR	WEEKLY PAY START: END:	
	POSITION HELD:	Part-Time	Full-Time
	DESCRIBE YOUR WORK:	REASON FOR LEAVING	

