



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.

<b>PERSONAL</b>	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			

<b>EDUCATION</b>	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	

<b>MILITARY</b>	<b>COMPLETE THIS SECTION IF YOU SERVED IN THE U.S. ARMED FORCES.</b>	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	

<b>EMPLOYMENT HISTORY</b>		PLEASE GIVE ACCURATE, COMPLETE FULL & PART-TIME EMPLOYMENT RECORD DURING THE LAST SEVEN YEARS. START WITH PRESENT OR MOST RECENT EMPLOYER.	
<b>1</b>	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	

2	COMPANY NAME		TELEPHONE	
	ADDRESS		DATE OF EMPLOYMENT	
	NAME OF SUPERVISOR		FROM:	TO:
	POSITION HELD:		WEEKLY PAY	END:
	DESCRIBE YOUR WORK:		REASON FOR LEAVING	
	<input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time			

3	COMPANY NAME		TELEPHONE	
	ADDRESS		DATE OF EMPLOYMENT	
	NAME OF SUPERVISOR		FROM:	TO:
	POSITION HELD:		WEEKLY PAY	END:
	DESCRIBE YOUR WORK:		REASON FOR LEAVING	
	<input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time			

4	COMPANY NAME		TELEPHONE	
	ADDRESS		DATE OF EMPLOYMENT	
	NAME OF SUPERVISOR		FROM:	TO:
	POSITION HELD:		WEEKLY PAY	END:
	DESCRIBE YOUR WORK:		REASON FOR LEAVING	
	<input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time			

WE MAY CONTACT THE EMPLOYERS LISTED ABOVE UNLESS YOU INDICATE THOSE YOU DO NOT WANT US TO CONTACT.	<b>DO NOT CONTACT</b>
EMPLOYEE NO(s) _____ REASON: _____	

ACKNOWLEDGMENT	<p>I hereby certify that the information hereunder is correct to the best of my knowledge and understand that falsification of this information is grounds for refusal to hire or, if hired, dismissal. I hereby authorize any of the persons or organizations listed in my application to give all information concerning my previous employment, education, or any other information they might have, personal or otherwise, with regard to any of the subjects covered by this application, and release all such parties from all liability that may result from furnishing such information to you. I authorize you to request and receive such information.</p>	
	<p>In consideration for my employment and me being considered for employment by your company, I agree to adhere to the rules and regulations of the company and hereby acknowledge that these rules and regulations may be changed by your company at any time, at the company's sole option and without any prior notice. In addition, I acknowledge that my employment may be terminated, and any offer of employment, if such made, may be withdrawn, with or without prior notice, at any time, at the option of either the company or me.</p>	
	<p>I understand that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to assure or make some other personnel move, either prior to commencement of employment or after I have become employed, or to assure any benefits or terms and conditions of employment, or to make any agreement, that is contrary to the foregoing. I hereby acknowledge that I have been advised that this application will remain active for no more than ninety (90) days from the date it was signed.</p>	
<a href="#">Click Here Save Completed Application</a>		
<div style="display: flex; justify-content: space-between;"> <span>DATE</span> <span>SIGNATURE</span> </div>		