HILITE ELECTRIC

APPLICATION FOR EMPLOYMENT

(AN EQUAL OPPORTUNITY EMPLOYER)

PERSONAL INFORMATION

Name : _____ Today's Date: _____

Current Address : _____ City _____ State_____ Zip _____

Phone Number(s) where we can reach you: Home: _____ Cell:_____ Other: _____

Position Desired: _____ _____ Full Time _____ Part Time _____ Shift

Are you able to work Saturdays and Sundays when required? ____Y ____N What hours are you not available for work? _____

Have you worked for us in the past? ____Yes ____ No If yes, in what department?_____ Dates: _____

How did you hear about our company? _____ Internet ____ Agency _____ Current Employee (name) _____ ____Other

Are you eligible for employment in the United States? _____ Yes _____ No Are you at least 18 years old? _____ Yes _____ No

EMPLOYMENT HISTORY

Please tell us about your employment history and experience. Begin with your most recent employer. Please include the past five (5) years including any periods of unemployment. Please attach a separate sheet if necessary.

1. Employer Name_____

   Address _____ Start Date _____

   Person to Contact for Reference _____ E-mail _____

   Daily Responsibilities _____

   End Date _____ Reason You Left: _____

2. Employer Name_____

   Address _____ Start Date _____

   Person to Contact for Reference _____ E-mail _____

   Daily Responsibilities _____

   End Date _____ Reason You Left: _____

3. Employer Name_____

   Address _____ Start Date _____

   Person to Contact for Reference _____ E-mail _____

   Daily Responsibilities _____

   End Date _____ Reason You Left: _____

(OVER)

EDUCATION

Name and Address of the High School you attended: _____

Did you Graduate or receive your G . E. D. ☐ Yes ☐ No

Name and course of study at College: _____

_____

Did you Graduate: ☐ Yes ☐ No

Name & course of study at Technical / Trade School: _____

_____

Did you Graduate: ☐ Yes ☐ No

List other training and or skills you have: _____

_____

_____

APPLICANT'S ACKNOWLEDGMENT, AUTHORIZATION & RELEASE

PLEASE READ THE FOLLOWING CAREFULLY

- I certify that the information contained in this application and/or my resume is complete and truthful to the best of my knowledge. I understand that to falsify information is grounds for refusal to hire or discharging me should I be hired. **I understand that my employment is terminable at will at any time by either myself or the company with or without cause. I understand that if hired, the only person authorized to change the "at will" nature of my employment is the President of the company. I also understand that this application represents no contractual agreement of any type.**
- Depending on the position for which I am being considered, I understand that I may be required to take skill tests / assessments. Failure to successfully pass any test / assessment may exclude me from further consideration for employment in the position for which I applied but may not disqualify me from consideration for other positions based on my qualifications and my interest. In addition, I understand that a post-offer drug test may be required for all employment consideration. A positive drug test will automatically disqualify me from any type of employment for any position with this company. Depending on the position for which I am applying, I understand that a post-offer physical may also be required. Failure to successfully complete the physical exam will disqualify me from further consideration in the position for which I applied but will not prevent me from being considered for another position within the company for which I am qualified. I understand that a baseline audiometric test to determine my hearing ability may be performed and that annual audiometric testing may be a condition of employment. I also understand that a vision screening may be required and that 20/20 vision with or without correction may be a requirement of all positions within this company.
- I understand that as a condition of employment, all post offer candidates are required to authorize a background and/or credit check to help ensure the safety and security of the company, its employees and clients; and to verify employment history. If offered a position, I will receive additional documentation authorizing a background check. In addition, I authorize any person, organization, school, or business listed on this application to provide any and all information with regard to my past or current association and release said entity from any and all liability for disclosing information about me. I further authorize this company to conduct a background check to investigate and verify information about me and to help determine my eligibility for employment.
- I understand that this application is considered current for thirty (30) days and, if, after that time I am still interested in employment, it will be necessary for me to reapply.
- If hired, I understand that I will be required to review, complete and execute various employment documents including but not limited to this application, I-9 and W-4. SAVE or E-Verify disclosure statements, employee handbook acknowledgment, receipt of rules, confidentiality agreement, non-compete agreement, benefit enrollment forms. Additional acknowledgments, agreements and receipts may also be required.
- I acknowledge that I have read and understand the above statements.

_____ _____

Signature of Applicant **Date**

(For internal use only)

Received by: _____ Date: _____

(Please do not write on this application form – an applicant evaluation is available if needed)