

# Charles Hines & Son, Inc.

## EMPLOYMENT APPLICATION

We are an Equal Opportunity Employer. We consider applicants for all positions without regard to race, color, creed, religion, sex, national origin, age, marital or veteran status, the presence of a non-job related medical condition or handicap, and any other legally protected status. It is our policy to abide by all Federal, State, and local laws concerning discrimination in employment. No question in this application is intended to elicit information in violation of any such law nor will any information obtained in response to any question be used in violation of any such law.

PERSONAL INFORMATION					
Last Name	First	Middle	Date of Application		
Street Address			Home Phone:		
City, State, ZIP			Cell Phone:		
Email Address:	Driver's License Yes    No	Check following options you will consider: Full-Time    Part-Time    Temporary    Seasonal			
Position Applied for:		Wages Expected:	Date Available:		
If hired, what days of the week and times are you available?    Monday    Tuesday    Wednesday    Thursday    Friday    Saturday    Sunday					
In case of emergency contact:			Emergency contact phone number:		

EDUCATION AND TRAINING					
School	Name and location	Course of study	No. years completed	Did you graduate	Diploma or Degree
High School				Yes No	
College or University				Yes No	
Other School				Yes No	
List all foreign languages you speak:					
List any other education, training, special skills or certificates/licenses that you possess:					
Some of our clients need assistance with moving and personal care. Are you physically able and willing to assist such clients?    Yes    No			Your job requires reliable transportation. Do you have reliable transportation?    Yes    No		

**REFERENCES - List either professional or character references**  
 (Note: Your employment relies on our being able to contact your references!)

	Name	Title	Business Phone No.	Home or Cell Phone No.	Years Known
1					
2					
3					

**WORK EXPERIENCE - List previous employment beginning with the most recent**

Company Name	Type of Business	Phone No.
Address	Dates of Employment (Month/Year) From _____ To _____	
Name and Title of Supervisor	May We Contact? Yes _____ No _____	Employed Full-Time _____ Part-Time _____
State Last Job Title and Describe Your Job	Wages Starting _____ Last _____	
	Reason for Leaving	

Company Name	Type of Business	Phone No.
Address	Dates of Employment (Month/Year) From _____ To _____	
Name and Title of Supervisor	May We Contact? Yes _____ No _____	Employed Full-Time _____ Part-Time _____
State Last Job Title and Describe Your Job	Wages Starting _____ Last _____	
	Reason for Leaving	

Company Name	Type of Business	Phone No.
Address	Dates of Employment (Month/Year) From _____ To _____	
Name and Title of Supervisor	May We Contact? Yes _____ No _____	Employed Full-Time _____ Part-Time _____
State Last Job Title and Describe Your Job	Wages Starting _____ Last _____	
	Reason for Leaving	

Additional Remarks:

### APPLICANT CERTIFICATION - Read carefully before signing

I certify that, to the best of my knowledge and belief, the answers given by me to the foregoing questions and the statements made by me in this application are correct and complete. I understand that misrepresentation or omission of facts in this application may result in my discharge. I authorize the use of any of this information to verify my statements, and I authorize past employers (where authorized to contact), references and any other persons to answer all questions asked concerning my ability, character and previous employment record. I further authorize Charles Hines & Son, Inc. to conduct a complete background investigation of me including but not limited to reviewing criminal and civil records in any jurisdiction. I release all such persons and Employer from any liability or damages on account of having sought or furnished such information.

**If employed, I understand and agree that such employment may be terminated at any time, without prior notice, and that my employment will not be governed by any expressed or implied contract but is at-will.**

Applicant's Signature

Date

## Writing Sample

Please provide us with a sample of your writing capabilities by describing below a typical day from the time you get up until the time you go to bed. You can use the back sheet of this application if you need more room.

