



# 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"/>
<b><i>A work permit may be required where appropriate</i></b>		
Legally eligible for employment in the U.S.?	<input type="checkbox"/>	<input type="checkbox"/>
<b><i>If hired, verification is required by law</i></b>		

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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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 \_\_\_\_\_

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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 \_\_\_\_\_

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## 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?

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## 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