

# Application for Employment

(Please Print)

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including age, sex, color, race, creed, national origin, religious persuasion, marital status, height, weight, political belief, veteran status, gender identity, genetics or genetic information, or disability that does not prohibit performance of essential job functions.

Date: \_\_\_\_\_

## I. Personal Information

Name: Last First Middle

Present Address (Street, City, State & Zip Code)

Permanent Address (if different than above) (Street, City, State & Zip Code)

Home Telephone Cell/Mobile Telephone

**Federal law prohibits the employment of unauthorized aliens. All persons hired must submit satisfactory proof of employment authorization and identity (valid driver's license, birth certificate, Permanent Resident Card, etc.) within three days of being hired. Failure to submit such proof within the required time shall result in immediate employment termination.**

**Position Applied For:** \_\_\_\_\_  Full-time  Part-time

1. If hired, can you provide the documents required to prove that you are legally able to work in the U.S.?  Yes  No
2. Is there any information we would need about your name or use of another name for us to be able to check your work record?  
Please specify: \_\_\_\_\_
3. How were you referred to Herriman & Associates, Inc.? \_\_\_\_\_
4. If you are under 18 years old, please state your age \_\_\_\_\_
5. Can you perform all the job functions of the position for which you are applying, either with or without a reasonable accommodation?  Yes  No
6. Have you ever been convicted of a felony or are there any felony charges pending against you? If yes, please explain.  Yes\*\*  No

## II. Educational History

School Name/Location	Years Completed	Degree/Diploma
High School _____		
College _____		
Tech. Training _____		
Other _____		

\* The need for an accommodation does not necessarily bar employment. A determination will be made as to the effectiveness with which the accommodation will allow you to perform the essential functions of the positions and the hardship it would impose on the employer.

\*\* A yes response does not automatically disqualify a job applicant from further consideration. Each situation is evaluated relative to the job being sought. Factors such as the age and nature of the offense, and rehabilitation, will be taken into account.

**III. Employment Record** *Please include all employment for the last five years.*

<p>1. _____ Company Name (Current or Most Recent Employer)</p> <p>_____</p> <p>Address</p> <p>_____</p> <p>Manager / Supervisor _____ Telephone _____</p> <p>_____</p> <p>Reason For Leaving _____</p>	<p>_____</p> <p>Position Held</p> <p>Dates Employed: _____ From To</p> <p>_____</p> <p>Wage/Salary</p>
<p>2. _____ Company Name</p> <p>_____</p> <p>Address</p> <p>_____</p> <p>Manager / Supervisor _____ Telephone _____</p> <p>_____</p> <p>Reason For Leaving _____</p>	<p>_____</p> <p>Position Held</p> <p>Dates Employed: _____ From To</p> <p>_____</p> <p>Wage/Salary</p>
<p>3. _____ Company Name</p> <p>_____</p> <p>Address</p> <p>_____</p> <p>Manager / Supervisor _____ Telephone _____</p> <p>_____</p> <p>Reason For Leaving _____</p>	<p>_____</p> <p>Position Held</p> <p>Dates Employed: _____ From To</p> <p>_____</p> <p>Wage/Salary</p>

**NOTE:** Use a separate sheet to list additional employers, if necessary. We will contact all of the employers listed on this application unless you specifically exclude them below. Please list any employers you do not want us to contact and your reason for the exclusion:

(Employer's Name)	Reason
(Employer's Name)	Reason

**If you served in the U.S. Armed Forces, please indicate:**

Branch of Service \_\_\_\_\_ Rank at discharge \_\_\_\_\_

Describe your duties and any special training \_\_\_\_\_

**IV. Work Availability**

1. On what date would you be available to begin work? \_\_\_\_\_
2. Do you have any objection to working overtime?  Yes  No
3. Can you work overtime without prior notice?  Yes  No
4. Can you drive a vehicle if required by this position?  Yes  No

**V. References** *Please do not include relatives or former employers.*

<p>1. _____ Name _____ _____ Address _____ _____ Occupation _____</p>	<p>_____ Years Known _____ _____ Telephone _____ _____</p>
<p>2. _____ Name _____ _____ Address _____ _____ Occupation _____</p>	<p>_____ Years Known _____ _____ Telephone _____ _____</p>
<p>3. _____ Name _____ _____ Address _____ _____ Occupation _____</p>	<p>_____ Years Known _____ _____ Telephone _____ _____</p>

**VI. Special Skills and Qualifications (COMPLETE ONE SECTION ONLY)**

<b>Office Skills:</b>	
Do you have personal computer experience? <input type="checkbox"/> Yes <input type="checkbox"/> No	Typing skills (wpm) _____
List software you have worked with:	Rate your proficiency level (Basic, Intermediate, Expert)
Word processing _____	_____
Financial/accounting _____	_____
Data base _____	_____
Web design _____	_____
Other _____	_____

<b>Maintenance Skills:</b>	
Please describe experience level with the following:	
Exterior caulking/painting _____	_____
Wood siding replacement _____	_____
Roofing/gutter work _____	_____
Drywall repairs _____	_____
Electrical repairs _____	_____
Plumbing repairs _____	_____
Are you able to lift up to 50 pounds? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you able to work on roofs? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you own required basic tools? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you own a truck/van? <input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Complete Tool Allowance form</i>	

**Other Skills or Qualifications:**

List any other additional skills or qualifications, not mentioned previously:

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**VII. Salary / Hourly Rate Requirements**

If your application receives favorable consideration, what salary/hourly rate would you require?

\$ \_\_\_\_\_ per \_\_\_\_\_

**Authorization and Understanding**

I certify that all information given in this Application for Employment and related documentation is true and complete without qualification. I understand that Herriman & Associates, Inc. may investigate my work and personal history and verify all data given on this Application, on related papers, and in interviews and I authorize Herriman & Associates, Inc. to do the same. This inquiry may include information as to my character, general reputation and personal characteristics, and I consent to the conduct of this inquiry and to the consideration of any statements or references by former employers that are given in response to the inquiry. I authorize all individuals, schools, and employers named, except as specifically limited on this application, to provide information requested about me, and I release them and Herriman & Associates, Inc. from liability for damages in providing or using this information. I understand and acknowledge that any misrepresentation, omission or incorrect statement of fact can result in rejection of my application or, if hired, immediate discharge.

I also understand and acknowledge that, if I am hired, my employment and compensation will be at the will of Herriman & Associates, Inc. and can be terminated, with or without cause, and with or without notice, at any time at the option of either Herriman & Associates, Inc. or myself. I further understand and agree that no manager, representative, agent or employee of Herriman & Associates, Inc., other than its President, has now or has had in the past any authority to enter into any agreement for employment for any specified period of time or make any agreement which is contrary to or a modification of the above described employment relationship. Any modification of the above described employment relationship must be by the President of Herriman & Associates, Inc. in writing, provided that such writing specifically acknowledges that it is a modification of the above described employment relationship and is signed by the President of Herriman & Associates, Inc.

I further understand and acknowledge that, as a part of the hiring process I may be required to submit to an alcohol and/or drug test, and that throughout my employment, if hired, I may be required to submit to medical/physical examinations (which may include but are not limited to tests for drugs and/or alcohol) at the employer's discretion and expense.

I further understand and agree that if I become employed by Herriman & Associates, Inc., then in consideration for my employment, I will not commence any action, including any administrative claim or lawsuit, against Herriman & Associates, Inc., its agents or employees, more than 180 calendar days after the date of the event giving rise to said action(s), which in any way relates to my employment and/or termination of my employment, and I hereby waive any statute of limitations to the contrary.

Applicant's Signature: \_\_\_\_\_ Dated: \_\_\_\_\_

**Do Not Write Below This Line**

Interviewed by: \_\_\_\_\_ Date \_\_\_\_\_

Remarks: \_\_\_\_\_  
\_\_\_\_\_

Interviewed by: \_\_\_\_\_ Date \_\_\_\_\_

Remarks: \_\_\_\_\_  
\_\_\_\_\_