

HODAC, Inc.

Application for Employment Form

HODAC, Inc. considers all applicants for employment without regard to race, color, religion, sex, national origin, age, handicap or disability. HODAC, Inc. also provides "reasonable accommodations" to qualified individuals with disabilities, in accordance with the Americans with Disabilities Act and applicable state and local laws.

PERSONAL

Last Name	First	Middle	S.S.#				
Present Address	Street	Apt Number	City	State	Zip Code		
Telephone Number (Home, Work, Cell)							
Are you age 18 or older?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Have you ever applied at HODAC before?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been employed by HODAC?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, when?			
Did anyone refer you?		If so, who?					
Do you have a relative currently employed by HODAC, Inc.? If so, who?							

JOB REQUIREMENTS

Position Applied For:	Salary Requirements: \$
Do you want to work: <input type="checkbox"/> Fulltime <input type="checkbox"/> Part-time If part-time, specify days and hours:	
Are you willing to work <input type="checkbox"/> Yes <input type="checkbox"/> No When would you be available to begin work? overtime if necessary?	
Is there anything that would prevent you from performing in a reasonable and safe manner the activities involved in the position for which you have applied? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:	
Have you ever been convicted of a crime? * <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, state nature of offense, when, where, and disposition.	
*A conviction record will not necessarily be a barrier to employment. This information will be used only for job-related purposes and only to the extent permitted by applicable law.	
Federal laws require that employers hire only individuals who are authorized to be lawfully employed in the United States? In compliance with such laws, all offers of employment are subject to verification of the applicant's identity and employment authorization and it will be necessary for you to submit such documents as are required by law to verify your identification and employment authorization upon employment.	
Are you authorized to work for all employers in the United States on a fulltime basis or only for your current employer?	<input type="checkbox"/> All employers <input type="checkbox"/> Current employer only

JOB SKILLS

Please provide information about your skills which you believe are related to the job for which you are applying:

- Typing _____wpm Computer Software
 Shorthand _____wpm Access Power Point/Publisher
 Transcription Word Excel
 Other (list below) Outlook Other (list below)

Are there any other experiences, skills, or abilities you feel especially qualify you for work with HODAC?

EDUCATION

School Name and Location	Degree	Major	Dates Attended	Circle Last Year Completed	Diploma/Degree Received
High School				1 2 3 4	
Undergraduate				1 2 3 4	
Graduate				1 2 3 4	
Other				1 2 3 4	

In what community activities, civic organizations or professional societies do you participate which may relate to the position for you have applied?

MILITARY SERVICE RECORD

Have you ever served in the U.S. Armed Forces? Yes No

Please list the duties in the Armed Forces, including special training that is relevant to the position for which you have applied.

Do you speak any other languages? If so, please list. _____

EMPLOYMENT HISTORY

Please complete in detail starting with present or most recent employer. List all previous employers. Include self-employment, military services, summer or part-time employment. Use additional sheets if necessary.

Employer Name	Address	Name/Title of Immediate Supervisor
Job Title	Length of Employment From To	Salary Beg Final
Briefly Describe Duties		Reason for Leaving (If still employed, why do you desire to change?)

Employer Name	Address	Name/Title of Immediate Supervisor
Job Title	Length of Employment From To	Salary Beg Final
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Employer Name	Address	Name/Title of Immediate Supervisor
Job Title	Length of Employment From To	Salary Beg Final
Briefly Describe Duties		Reason for Leaving

May we contact your present employer? Yes No

In Case of Emergency Notify: _____
Name
Address
Phone #

PERSONAL REFERENCES

Name	Occupation	Dates Known	Address & Telephone #
1.			
2.			

BUSINESS REFERENCES (1 must be a supervisor or his/her superior)

Name	Occupation	Dates Known	Address & Telephone #
1.			
2.			

PRE-EMPLOYMENT STATEMENT

(Please read carefully and sign the statement below)

I understand and agree that:

1. The information that I have provided on this application is true and complete to the best of my knowledge. Any misrepresentation or omission of any fact in my application, resume, or any other materials, or during any interviews, can be justification of termination from HODAC's employ or withdrawal of the offer of employment.
2. Any offer of employment I may receive from HODAC, Inc. is contingent upon my successful completion of the organization's total pre-employment screening process, including the receiving of references and a criminal background check considered satisfactory, and my satisfactory completion of a pre-employment drug screen. I also agree, if employed, to submit to a drug screen at any time at the organization's request.
3. In processing my application for employment, HODAC, Inc. may verify all of the information provided by me concerning my prior employment, military record, education, character, and general reputation.
4. I authorize and request that all of my present and former employers and those individuals I have listed as personal references furnish information about my employment record, including a statement of reason for termination of my employment, work performance, abilities, and other qualities pertinent to my qualifications for employment, hereby releasing them from any and all liability for damages arising from furnishing the requested information.
5. In consideration of my employment, I agree to comply with the policies, rules, regulations, and procedures of HODAC, Inc. and understand that my employment and compensation can be terminated with or without cause or notice, at any time, at the option of either HODAC, Inc. or myself.

Applicant's Signature

Date

DO NOT WRITE BELOW THIS LINE

Interviewed by:

Date:

Remarks:

Hired: Yes No

Position:

Dept:

Salary/Wage:

Date Reporting to Work:

Approved: 1.

2.

3.

Executive Director

Services Director

Dept. Coordinator