

**HOLLYHAND COMPANIES, INC.**

**NOTICE TO APPLICANTS: Federal and state law requires that all applications be considered without regard to race, religion, color, sex, age, national origin, veteran status, or disability. We believe in and fully support the principle of equal employment opportunity and will fulfill our obligation to the fullest.**

**PLEASE WRITE LEGIBLY**

Instructions:

- 1. ANSWER EVERY QUESTION FULLY AND ACCURATELY.**
- 2. Please type or print, except for where your signature is required.**

**APPLICANT INFORMATION**

POSITION APPLYING FOR \_\_\_\_\_

TODAY'S DATE \_\_\_\_\_

NAME: LAST \_\_\_\_\_

FIRST \_\_\_\_\_

MIDDLE \_\_\_\_\_

SOCIAL SECURITY NUMBER **\*\*REQUIRED\*\*** \_\_\_\_\_

CURRENT ADDRESS: STREET \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_

ZIP CODE \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

PRIMARY PHONE \_\_\_\_\_

SECONDARY PHONE \_\_\_\_\_

HAVE YOU USED ANY NAME OR SOCIAL SECURITY NUMBER OTHER THAN THOSE LISTED ABOVE? YES NO

IF YES, PLEASE LIST: \_\_\_\_\_

DO YOU HAVE AN APPROPRIATE & VALID DRIVER'S LICENSE? YES NO

LICENSE NUMBER **\*\*\*\*REQUIRED\*\*\*\*** \_\_\_\_\_

CLASS/TYPE \_\_\_\_\_

EXPIRATION DATE \_\_\_\_\_

STATE OF ISSUE \_\_\_\_\_

**AVAILABILITY (PLEASE CHECK ALL THAT APPLY)**

WHEN ARE YOU AVAILABLE FOR EMPLOYMENT? \_\_\_\_\_

TYPE OF WORK DESIRED: FULL TIME PART TIME TEMPORARY

FOR WHICH SCHEDULES ARE YOU AVAILABLE? WEEKDAYS OVERTIME

IF HIRED, CAN YOU FURNISH PROOF THAT YOU ARE ELIGIBLE TO WORK IN THE U.S.? YES NO

WOULD YOU CONSIDER RELOCATION? YES NO

ARE YOU WILLING TO TRAVEL? YES NO

**GENERAL**

HOW WERE YOU REFERRED TO US? \_\_\_\_\_

HAVE YOU EVERY WORKED HERE BEFORE? YES NO IF YES, WHEN? \_\_\_\_\_

HAVE YOU EVER APPLIED HERE BEFORE? YES NO IF YES, WHEN? \_\_\_\_\_

DO YOU HAVE RELIABLE MEANS OF TRANSPORTATION TO GET TO AND FROM WORK? YES NO

LIST ANY FRIENDS OR RELATIVE WORKING AT HOLLYHAND COMPANIES, INC.: \_\_\_\_\_

IF YOUR APPLICATION RECEIVES FAVORABLE CONSIDERATION, WHAT SALARY WOULD YOU REQUIRE? \$ \_\_\_\_\_ PER HR.

EMAIL ADDRESS: \_\_\_\_\_

**REQUIRED - PLEASE WRITE LEGIBLY**

AUTO INS.: \_\_\_\_\_

**CARRIER AND EXPIRATION DATE**

**WORK HISTORY**

## INSTRUCTIONS:

1. SINCE WE PLAN TO CONTACT PREVIOUS EMPLOYERS, IT IS IMPORTANT THAT YOU PROVIDE CORRECT TELEPHONE NUMBERS.
2. PLEASE BE SURE TO ACCOUNT FOR ALL PERIODS OF TIME INCLUDING PERIODS OF UNEMPLOYMENT AND MILITARY SERVICE. IF SELF-EMPLOYED, GIVE FIRM NAME AND SUPPLY BUSINESS REFERENCES.

IF EMPLOYED, DO YOU EXPECT TO BE ENGAGED IN ANY OTHER ADDITIONAL BUSINESS OR EMPLOYMENT OUTSIDE OF OUR JOB?  
 YES      NO

**MOST RECENT**

MAY WE CONTACT YOUR CURRENT EMPLOYER?      YES      NO

ARE YOU CURRENTLY WORKING FOR THIS EMPLOYER?      YES      NO

COMPANY NAME / CITY / STATE      JOB TITLE      PHONE NUMBER

FROM:      TO:      REASON FOR LEAVING      SUPERVISOR'S NAME  
 DATES EMPLOYED

SALARY (HOUR, WEEK, MONTH, OR YEAR)      WHO DO YOU SUGGEST WE CONTACT?

DUTIES

**SECOND MOST RECENT EMPLOYER**

COMPANY NAME / CITY / STATE      JOB TITLE      PHONE NUMBER

FROM:      TO:      REASON FOR LEAVING      SUPERVISOR'S NAME  
 DATES EMPLOYED

SALARY (HOUR, WEEK, MONTH, OR YEAR)      WHO DO YOU SUGGEST WE CONTACT?

DUTIES

**THIRD MOST RECENT EMPLOYER**

COMPANY NAME / CITY / STATE      JOB TITLE      PHONE NUMBER

FROM:      TO:      REASON FOR LEAVING      SUPERVISOR'S NAME  
 DATES EMPLOYED

SALARY (HOUR, WEEK, MONTH, OR YEAR)      WHO DO YOU SUGGEST WE CONTACT?

DUTIES

**FOURTH MOST RECENT EMPLOYER**

COMPANY NAME / CITY / STATE      JOB TITLE      PHONE NUMBER

FROM:      TO:      REASON FOR LEAVING      SUPERVISOR'S NAME  
 DATES EMPLOYED

SALARY (HOUR, WEEK, MONTH, OR YEAR)      WHO DO YOU SUGGEST WE CONTACT?

DUTIES

**SECURITY**

LIST STATE AND COUNTIES OF RESIDENCE FOR THE PAST 7 YEARS \*\*\***MUST BE COMPLETED**\*\*\*

STATE	COUNTY	YEARS OF RESIDENCE	
		FROM	TO
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

HAVE YOU EVER BEEN CONVICTED OF ANY LAW VIOLATION? (INCLUDE ANY PLEA OF "GUILTY" OR "NO CONTEST")

YES NO

IF YES, PLEASE GIVE DETAILS (INCLUDE INCIDENT, CITY, STATE, AND CHARGE):

(A CONVICTION WILL NOT NECESSARILY DISQUALIFY AN APPLICANT FOR EMPLOYMENT)

HAS YOUR LICENSE BEEN SUSPENDED OR REVOKED IN THE LAST THREE YEARS?

YES N

IF YES, PLEASE GIVE DETAILS: \_\_\_\_\_

**EDUCATION**

PLEASE CHECK THE HIGHEST GRADE COMPLETED: 7 8 9 10 11 12 12+

IF YOUR SCHOOL RECORDS ARE UNDER ANOTHER NAME OTHER THAN THAT LISTED ON PAGE ONE, PLEASE ENTER THE OTHER NAME:

SCHOOL NAME	CITY & STATE	GRADUATE? YES OR NO	DEGREES & MAJORS
HIGH SCHOOL _____	_____	_____	_____
COLLEGE _____	_____	_____	_____
UNIVERSITY _____	_____	_____	_____
ARMED FORCES _____	_____	_____	_____
OTHER _____	_____	_____	_____

WHAT OTHER TRAINING DO YOU HAVE THAT IS RELATED TO THE JOB FOR WHICH YOU ARE APPLYING?

WHAT MACHINES OR EQUIPMENT CAN YOU OPERATE THAT ARE RELATED TO THE JOB FOR WHICH YOU ARE APPLYING?

**REFERENCES**

INSTRUCTIONS:

1. INCLUDE ONLY INDIVIDUALS FAMILIAR WITH YOUR WORK ABILITY OR RELATED EDUCATION.
2. DO NOT INCLUDE RELATIVES.
3. DO NOT INCLUDE FORMER EMPLOYERS.

NAME	ADDRESS	PHONE NUMBER	YEARS KNOWN (RELATIONSHIP)
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

HAVE YOU EVER BEEN FIRED FROM A JOB OR ASKED TO RESIGN? YES NO (IF YES, PLEASE EXPLAIN)

\_\_\_\_\_

\_\_\_\_\_

**AFFIDAVIT**

**INSTRUCTIONS:**

**PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING**

I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in dismissal if discovered at a later date.

I understand that the employer may request an investigative consumer report from a consumer reporting agency. This report may include information as to my character, reputation, personal characteristics, and mode of living obtained from interviews of neighbor, friends, former employee, schools, and others. I understand that I have the right to make a written request within a reasonable time for the disclosure of the name and address of the consumer-reporting agency so that I can obtain a complete disclosure of the nature and scope of the investigation.

I authorize the investigation of any or all statements contained in this application and also authorize, whether listed or not, any person, school, current employer, past employers, and organizations to provide relevant information and options that may be useful in making a hiring decision. I release such persons and organizations from any legal liability for making such statements.

I understand that if I am extended an offer of employment, it may be conditional upon my successfully passing a complete or partial pre-employment screening process that may include/a drug criminal history screen, credit history screen and/or education confirmation. I consent to the release of any or all records as may be deemed necessary to judge my capability to do the work for which I am applying.

**I UNDERSTAND THAT THIS APPLICATION, VERBAL STATEMENT BY MANAGEMENT, OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE AN EXPRESS OR IMPLIED CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. ONLY THE PRESIDENT OF THE COMPANY HAS THE AUTHORITY TO ENTER INTO AN AGREEMENT OF EMPLOYMENT FOR ANY SPECIFIED PERIOD AND SUCH AGREEMENT MUST BE IN WRITING, SIGNED BY THE PRESIDENT, AND THE EMPLOYEE. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT REASON AND WITH OR WITHOUT NOTICE.**

**I have read, understand, and by my signature consent to these statements.**

\_\_\_\_\_  
**SIGNATURE REQUIRED**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Full Name

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Current Address

\_\_\_\_\_  
Previous Address(es) Past 7 Years - Include City, State, & County

\_\_\_\_\_  
Alias Names (Other names I have been known by)