



OFFICE USE ONLY

Interview Wage: \_\_\_\_\_
Time: \_\_\_\_\_ Date: \_\_\_\_\_
Group: \_\_\_\_\_
POS
Time: \_\_\_\_\_ Date: \_\_\_\_\_
Position: \_\_\_\_\_
Hired: Yes \_\_\_\_\_ No \_\_\_\_\_
Start Date: \_\_\_\_\_

APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

(Please use pen.)

Hall-Irwin Corporation is an equal opportunity employer and does not discriminate in any aspect of employment on the basis of race, color, religion, sex, pregnancy, sexual orientation, national origin, marital status, age, ancestry, veteran status, physical or mental disability, or any other legally protected status.

Answer each question fully and accurately. No action can be taken on this application until you have answered all questions. Use blank paper if you do not have enough room on this application. PLEASE PRINT, except for signature on back of application. In reading and answering the following questions, be aware that none of the questions are intended to imply illegal preferences or discrimination based upon non-job-related information. Do not supply additional information-only supply the information requested on this form.

Please exclude any information which may indicate your race, color, religion, sex, pregnancy, sexual orientation, national origin, marital status, age, ancestry, veteran status, physical or mental disability, or any other legally protected status

PERSONAL INFORMATION Date \_\_\_\_\_
Name: \_\_\_\_\_ Last First Middle Phone No. ( )
Present Mailing Address: No. Street
City State Zip Code
Social Security Number: / /
Type of Employment desired: [ ] Full time [ ] Part time OR [ ] Seasonal From: Until:
Date available for work: Position applied for:
(Please be as specific as possible, do not indicate ANY)

Are you at least 18 years old? [ ] Yes [ ] No
Are you willing to work any shift? [ ] Yes [ ] No
Are you willing and able to report to jobsites outside the local area? [ ] Yes [ ] No How Far?
What rate of pay do you anticipate? \$
Do you have relatives working at Hall-Irwin Corporation? [ ] Yes [ ] No
If yes, please provide the name, relationship, and position of each individual.

Have you ever been convicted of a felony or misdemeanor other than a minor traffic violation? [ ] Yes [ ] No
If yes, please explain (a conviction is not an absolute bar to employment but will be considered as it relates to fitness and ability to perform the job).

Have you ever applied for a position with Hall-Irwin Corporation before? [ ] Yes [ ] No
If yes: When? Where?
Have you ever worked for Hall-Irwin Corporation before? [ ] Yes [ ] No
If yes: When? Where?
Referred to Hall-Irwin by: [ ] Private Employment Agency [ ] Newspaper ad [ ] College Recruiter
[ ] State Employment Agency [ ] Self Referral [ ] Hall-Irwin Employee
[ ] Other (Please describe)

**EDUCATION**

The highest level of education you received was Elementary, Middle, Junior High School or High School, please fill in the box below.

School Name	City	State	Highest grade Completed

If you did not graduate from high school, did you complete the G.E.D.?  Yes  No

**COLLEGE OR OTHER**

School Name	City	State	Major(s)/Minor	Graduated	Degree	Year Recv'd
				<input type="checkbox"/> Yes <input type="checkbox"/> No		
				<input type="checkbox"/> Yes <input type="checkbox"/> No		
				<input type="checkbox"/> Yes <input type="checkbox"/> No		

**SCHOLASTIC STANDING**

College: Graduate Grade Point Average \_\_\_\_\_ / \_\_\_\_\_ In Major \_\_\_\_\_ / \_\_\_\_\_  
GRADE POINT AVG/ MAXIMUM POSSIBLE GRADE POINT AVG/ MAXIMUM POSSIBLE

Scholarships, Fellowships, Honors \_\_\_\_\_

**Extracurricular Activities and Offices** (Exclude labor organizations and memberships which reveal race, color, religion, national origin, sex, age, disability or other protected status.)

School/Business/Recreational/Community: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Please list special training received in connection with military service that relates to the position you are applying for.

\_\_\_\_\_

What skills or additional training do you have that relates to the job for which you are applying?

\_\_\_\_\_

What machines? \_\_\_\_\_

Do you have a valid driver's license?  Yes  No

Driver's License Number \_\_\_\_\_ Class of License \_\_\_\_\_ State Licensed in \_\_\_\_\_

Have you had your drivers license suspended or revoked in the last 3 years?  Yes  No

If yes, give details: \_\_\_\_\_

List professional, trade, business or civic activities and offices held. (Exclude labor organizations and memberships which reveal race, color, religion, national origin, sex, age, disability or other protected status.)

\_\_\_\_\_

Are you currently employed?  Yes  No

If so may we contact your present employer?  Yes  No

Have you ever worked or attended school under any other name?  Yes  No

If yes, give names: \_\_\_\_\_

Have you ever been fired from a job or asked to resign?  Yes  No

If yes, please explain: \_\_\_\_\_

List names of employers in consecutive order with present or last employer listed first. Account for all period of time including military service and any periods of unemployment. If self-employed, give firm name and supply business references. Note: A job offer may be contingent upon acceptable references from current and former employers.

NAME OF EMPLOYER		JOB TITLE AND DUTIES	
ADDRESS		DATES OF EMPLOYMENT: From To	
CITY, STATE, ZIP CODE		PAY: START\$	FINAL\$
SUPERVISOR(S)	TELEPHONE	REASON FOR LEAVING	
NAME OF EMPLOYER		JOB TITLE AND DUTIES	
ADDRESS		DATES OF EMPLOYMENT: From To	
CITY, STATE, ZIP CODE		PAY: START\$	FINAL\$
SUPERVISOR(S)	TELEPHONE	REASON FOR LEAVING	
NAME OF EMPLOYER		JOB TITLE AND DUTIES	
ADDRESS		DATES OF EMPLOYMENT: From To	
CITY, STATE, ZIP CODE		PAY: START\$	FINAL\$
SUPERVISOR(S)	TELEPHONE	REASON FOR LEAVING	
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SUPERVISOR(S)	TELEPHONE	REASON FOR LEAVING	
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ADDRESS		DATES OF EMPLOYMENT: From To	
CITY, STATE, ZIP CODE		PAY: START\$	FINAL\$
SUPERVISOR(S)	TELEPHONE	REASON FOR LEAVING	

**REFERENCES**

(Give three references, not relatives or former employers.)

Name	Company	Title	Address	Phone

**ACKNOWLEDGEMENTS**

Please read this section carefully.

The information contained in this application is true to the best of my knowledge and belief. I understand that any misrepresentation of fact, as stated or implied, in my application, other employment documents, or interview(s) may be sufficient reason for not hiring me and/or dismissal.

I understand and agree that all information furnished in this application may be verified by Hall-Irwin or its authorized representative. I give any right I may have to be notified by any individuals and organizations named in this application prior to the release of any information to Hall-Irwin. I further authorize all individuals and organizations named in this application to give Hall-Irwin all information relative to such verification. I hereby release such individuals and organizations and Hall-Irwin from any and all liability for any claim or damage resulting therefrom.

I understand that Hall-Irwin is not obligated to provide employment and that I am not obligated to accept employment. Nothing in this application, or in any prior or subsequent oral or written statement, is intended to create any contract of employment or to create any intents in the nature of a contract of employment. This application does not bind either party for a specific period of time regarding employment. If hired, nothing in this application shall restrict my right as an employee or Hall-Irwin's right as an employer to terminate employment at any time.

**Signature** (Sign, do not print) \_\_\_\_\_ **Date** \_\_\_\_\_

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**DRUG FREE WORKFORCE POLICY** (See attachment)