



Application for Employment

We are an equal opportunity employer. Applicants are considered for positions without regard to race, religion, sex, national origin, age, disability, or any other consideration made unlawful by applicable federal, state, or local laws.

Name: _____ Telephone Number: () _____

Cellular Number: () _____ Email Address: _____

Address: _____ How long have you lived there? _____

Previous Address _____

Position Applied For: _____ Hours & Days of Availability: _____

Please list skills for position applied for: _____

Are you a member? _____

If under the age of 18, can you produce the necessary work certificate at the time of employment? _____

Type of employment desired? Full Time: _____ Part Time: (Specify Hours) _____

Have you previously **applied** for employment at HPC? _____

If yes, when and where did you apply? _____

Have you been **employed** by HPC? _____

If yes, provide dates of employment, and reason for separation from employment: _____

Education	School Name	Course of Study	Graduate?	# of Years completed	Degree/Major
High School					
College					
Bus./Tech./Trade					

Reference Name	Position	Company	Work Relationship?	Telephone

Work Experience: Please list the names of your present or previous employers in chronological order with present or last employer listed first.

Employer Name: _____ Address: _____ Type of Business: _____

Telephone: _____ Dates Employed from: _____ to: _____

Job Title: _____ Duties: _____

Supervisor's Name: _____ May we contact? Yes ___ No ___

Wages: Start: _____ Final: _____ Reason for leaving: _____

What will the employer say was the reason your employment terminated? _____

Employer Name: _____ Address: _____ Type of Business: _____

Telephone: _____ Dates Employed from: _____ to: _____

Job Title: _____ Duties: _____

Supervisor's Name: _____ May we contact? Yes ___ No ___

Wages: Start: _____ Final: _____ Reason for leaving: _____

What will the employer say was the reason your employment terminated? _____

Employer Name: _____ Address: _____ Type of Business: _____

Telephone: _____ Dates Employed from: _____ to: _____

Job Title: _____ Duties: _____

Supervisor's Name: _____ May we contact? Yes ___ No ___

Wages: Start: _____ Final: _____ Reason for leaving: _____

Regular hours of work include Saturday and Sunday.