

Human Resources Consultants Employment Application

Personal Information

Name (Last, First, MI)

Street Address

City, State, Zip

Home phone number

Work phone number

Cell number

Email Address

Driver's license number/state/expiration (if job involves driving)

Employment Desired

Position applying for

How did you hear about this position?

Date available for work

Desired hours (FT, PT, etc.)

Education

	Name & Address of School	Course of Study	Total Years of Study	Degree/Diploma
High School				
Undergraduate College				
Graduate/Professional				
Other (Specify)				

List any seminars, classes or other education not listed above which may help qualify you for this position. (if you need additional space, please use page #(insert #).

Employment/Volunteer History

List below all present and past employers over the past ten years, starting with your most recent employer. Account for all periods of unemployment. You must complete this section even if attaching a resume. May we contact your current employer? Yes No

1.	Employer (current <input type="checkbox"/> yes <input type="checkbox"/> no)	Start Date	End Date	Essential job functions
	Address			1.
	City, State, Zip	Starting Salary	Ending Salary	2.
	Phone number			3.
	Fax number	Supervisor(s)		4.
	Job title			
	Reason(s) for leaving			
	What value did you add to this agency?			

2.	Employer (current <input type="checkbox"/> yes <input type="checkbox"/> no)	Start Date	End Date	Essential job functions
	Address			1.
	City, State, Zip	Starting Salary	Ending Salary	2.
	Phone number			3.
	Fax number	Supervisor(s)		4.
	Job title			
	Reason(s) for leaving			
	What value did you add to this agency?			

3.	Employer (current <input type="checkbox"/> yes <input type="checkbox"/> no)	Start Date	End Date	Essential job functions
	Address			1.
	City, State, Zip	Starting Salary	Ending Salary	2.
	Phone number			3.
	Fax number	Supervisor(s)		4.
	Job title			
	Reason(s) for leaving			
	What value did you add to this agency?			

4.	Employer (current <input type="checkbox"/> yes <input type="checkbox"/> no)	Start Date	End Date	Essential job functions
	Address			1.
	City, State, Zip	Starting Salary	Ending Salary	2.
	Phone number			3.
	Fax number	Supervisor(s)		4.
	Job title			
	Reason(s) for leaving			
	What value did you add to this agency?			

Availability

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Additional Information

List any languages other than English that you can speak, read, or write that could be useful to the position applied for:

	Fluent	Good	Fair		Fluent	Good	Fair
Speak				Speak			
Read				Read			
Write				Write			

Identify your formal job training that relates to this position:	
Identify what skills or certification you possess related to this position:	
If you are hired, what value would you add to our agency?	
Describe what you believe are the most unique features of your work history:	

Have you ever been employed with this company before? If Yes, when? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any friends or relatives employed by this company? If Yes, please provide their names and relationship to you: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
May we contact your employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently on "lay off" status and subject to recall?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you are under 18 years of age, can you provide proof of your eligibility to work?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If hired, can you provide proof of U.S. citizenship or proof of your legal right to work in the U.S.?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you able to perform all of the essential functions of the job for which you are applying with or without reasonable accommodation?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If hired, are there any accommodations the company would need to provide so that you can perform all those essential functions and duties of the position being applied for? Yes No

If Yes, please explain: _____

If driving is a requirement of the position applied for, have you in the last 7 years been convicted of Driving Under the Influence “(DUI)”? Yes No

If hired, do you have a reliable means of transportation to and from work? Yes No

Have you ever been convicted of a felony or misdemeanor? If Yes, please explain: Yes No

References

List below three persons not related to you who have knowledge of your work performance within the last 5 years.

Name	Occupation
Company	Address
Telephone	Email
Relationship and Number of years acquainted	
Name	Occupation
Company	Address
Telephone	Email
Relationship and Number of years acquainted	
Name	Occupation
Company	Address
Telephone	Email
Relationship and Number of years acquainted	