

Hiller Measurements Application for Employment

An Equal Opportunity Employer

To be considered an applicant, you must complete this form. A resumé may also be attached. Each question should be fully and accurately answered. No action can be taken on this application until all questions have been answered. Use blank paper if you do not have enough room on this application. **PLEASE PRINT**, except for your signature. This application is to fill the current open position only.

Personal Information:				
Name:				
	Last	First	Middle	Other Names Used
Address:				
Telephone:	Street ()	City ()	State ()	Zip
	Home	Cell	Message	
Email Address:				
Webpage Address(es):				
Position Applying For:				
Job Title:				
Are you applying for:		What shifts will you work?		May We Contact Present Employer?
F/T	<input type="checkbox"/> P/T	<input type="checkbox"/> Temp/Seasonal	Days	<input type="checkbox"/> Nights
			Yes	<input type="checkbox"/> No
Available Start Date:				

Are you legally eligible to work in the United States? Yes <input type="checkbox"/> No <input type="checkbox"/>	
(Federal Law requires proof of identity and employment authorization for all new employees.)	
Can you travel if the job requires it? Yes <input type="checkbox"/> No <input type="checkbox"/> Do you have a valid driver's license? Yes <input type="checkbox"/> No <input type="checkbox"/> State: _____	

Education/Training					
<u>School</u>	<u>Name</u>	<u>Location</u>	<u>Dates Attended</u> <u>From / To:</u>	<u>Diploma, Degree</u> <u>& Major</u>	<u>GPA</u>
High School					
College					
Other (Business, Vocational, Military)					

Employment History (Please Start With the Most Recent, Ending With Age 18, Excluding Part-Time Positions Held While Obtaining Higher Education—Use Additional Paper as Necessary.):

Employer: _____

Address: _____

Street City State Zip

Telephone: () Supervisor Name: _____

Dates From: To: Final Rate of Pay: _____

Position Held: _____

Primary Duties: _____

Reason for Leaving: _____

Next Employer:

Employer: _____

Address: _____

Street City State Zip

Telephone: () Supervisor Name: _____

Dates From: To: Final Rate of Pay: _____

Position Held: _____

Primary Duties: _____

Reason for Leaving: _____

Next Employer:

Employer: _____

Address: _____

Street City State Zip

Telephone: () Supervisor Name: _____

Dates From: To: Final Rate of Pay: _____

Position Held: _____

Primary Duties: _____

Reason for Leaving: _____

Technology Skills (List All Skills & Software Applications You Have Experience Using):

Computer Skills?

Other technical Skills?

Professional Licenses or Certificates Held:

Business References: Supervisors and Co-workers (not related by blood or marriage)

Name: _____
 Last First Middle
 Address: _____
 Street City State Zip
 Telephone: (____) (____)
 Home Other
 Connection To You (i.e. supervisor, co-worker): _____ Occupation: _____

Business Reference

Name: _____
 Last First Middle
 Address: _____
 Street City State Zip
 Telephone: (____) (____)
 Home Other
 Connection To You (i.e. supervisor, co-worker): _____ Occupation: _____

Business Reference

Name: _____
 Last First Middle
 Address: _____
 Street City State Zip
 Telephone: (____) (____)
 Home Other
 Connection To You (i.e. supervisor, co-worker): _____ Occupation: _____

Business Reference

Name: _____
 Last First Middle
 Address: _____
 Street City State Zip
 Telephone: (____) (____)
 Home Other
 Connection To You (i.e. supervisor, co-worker): _____ Occupation: _____

Have you ever been charged with a crime (other than a minor traffic infraction)? Yes No

If yes, when & where: _____ Please Explain: _____

Are you related by blood or marriage to any person now employed by Hiller Measurements? Yes No

If yes, give name and relationship to you:

CERTIFICATION

I certify that all answers and statements on this application are true and complete to the best of my knowledge. I understand that should an investigation disclose untruthful or misleading answers, my application may be rejected, my name removed from consideration, or my employment may be terminated.

I understand and agree that, if hired, my employment is for no definite period and either Employer or I may terminate our relationship at any time, and that this employment application does not constitute an employment contract.

I understand that any job offer from Hiller Measurement will be contingent upon successful completion of a background check, including criminal and credit history.

I understand that the use of my personal cell phone may be required for this job.

Signature of Applicant: _____ Date: _____

IT IS THE POLICY of Hiller Measurements to provide equal opportunity in all terms, conditions and privileges of employment for all qualified job applicants and employees without regard to race, color, national origin, gender or age (unless a bona fide job requirement) or the presence of any disability. Reasonable accommodations will be made for disabled persons.

TODAY'S DATE: _____

MAY WE CONTACT YOUR PRESENT EMPLOYER? Yes No

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I, _____, an applicant for employment with Hiller Measurements, do hereby authorize a review of and full disclosure of all records or information concerning myself to any duly authorized agent of Hiller Measurements, whether the said records are of a public, private, or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of all records and information of educational institutions; employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances filed by or against me, either criminal or civil, in which I have, or have had any interest or involvement.

I understand that any information obtained during any personal history background investigation which is developed directly or indirectly, in whole or in part, upon this authorization will be considered in determining my suitability for employment by Hiller Measurements. I hereby agree that any person(s) or entities who may furnish such information concerning me shall not be held liable for providing this information; and I do hereby release said person(s) and entities from any and all liability which may be incurred as a result of furnishing such information.

I further authorize that a photocopy of this signed release form will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

Signature

DATED: _____

Printed Name, including all names I have previously used or been known by:

