

Employment Application

Dear applicant, it is the policy of Hershocks, Inc. to provide equal employment opportunities to all applicants and employees without regard to status such as race, color, religion, gender, national origin, age, disability, or veteran status. **Please complete the application in its entirety and return it to us.**

Personal Information

 Name (Last, First, MI)

 _____, _____, _____

 Street Address

 City, State, Zip

 _____, _____, _____

 Number of years at the above address

Home Phone Number

() - _____

Cell Phone Number

() - _____

 E-mail Address

 Social Security Number

 - - _____

 Driver's License Number/State/Expiration

 / / _____

Employment Desired

Position applied for

 Full time

 Part time

 Temporary

 List any relatives or friends working for Hershocks:

Date available for work

 How many days would you be available to work?

Wage Desired \$_____ per _____

Education

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

Employment History

List below all present and past employers over the past ten (10) 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

Are you currently on layoff from your employer and subject to recall? Yes No

Employer (current <input type="checkbox"/> Yes <input type="checkbox"/> No)	Start Date	End Date	Essential job functions of final position
Street address			1.
City, State, Zip _____, _____, _____	Starting Salary	Ending Salary	2.
Phone number () -	\$	\$	3.
Fax number () -	Supervisor(s)		4.
Job position(s)	E-mail address of supervisor		
Reason(s) for leaving _____			

Employer (current <input type="checkbox"/> Yes <input type="checkbox"/> No)	Start Date	End Date	Essential job functions of final position
Street address			1.
City, State, Zip _____, _____, _____	Starting Salary	Ending Salary	2.
Phone number () -	\$	\$	3.
Fax number () -	Supervisor(s)		4.
Job position(s)	E-mail address of supervisor		
Reason(s) for leaving _____			

Employer (current <input type="checkbox"/> Yes <input type="checkbox"/> No)	Start Date	End Date	Essential job functions of final position
Street address			1.

City, State, Zip ____, _____, _____	Starting Salary	Ending Salary	2.
Phone number () - _____	\$ _____	\$ _____	3.
Fax number () - _____	Supervisor(s)		4.
Job position(s)	E-mail address of supervisor		
Reason(s) for leaving _____			
Employer (current <input type="checkbox"/> Yes <input type="checkbox"/> No)	Start Date	End Date	Essential job functions of final position
Street address			1.
City, State, Zip ____, _____, _____	Starting Salary	Ending Salary	2.
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City, State, Zip ____, _____, _____	Starting Salary	Ending Salary	2.
Phone number () - _____	\$ _____	\$ _____	3.
Fax number () - _____	Supervisor(s)		4.
Job position(s)	E-mail address of supervisor		
Reason(s) for leaving _____			

References

 Please provide one **work**, one **character** and one **personal** reference.

Name	Occupation	
Company Name	Address	
Telephone Number () -	E-Mail Address	Relationship / Years Acquainted /

Name	Occupation	
Company Name	Address	
Telephone Number () -	E-Mail Address	Relationship / Years Acquainted /

Name	Occupation	
Company Name	Address	
Telephone Number () -	E-Mail Address	Relationship / Years Acquainted /

Accident Record for the past 3 years or more (if you need additional space, please use page 4) If none, write "None"

DATES		NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	FATALITIES	INJURIES
LAST ACCIDENT				
NEXT PREVIOUS				
NEXT PREVIOUS				

Traffic Convictions and forfeitures for the past 3 years (other than parking violations) If none, write "None"

LOCATION	DATE	CHARGE	PENALTY

Comments:

Invitation to Self-Identify as Protected Veteran (Pre-Offer)

Hershocks, Inc. is a Government contractor subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, 38 U.S.C. 4212 (VEVRAA), which requires Government contractors to take affirmative action to employ and advance in employment: (1) disabled veterans; (2) recently separated veterans; (3) active duty wartime or campaign badge veterans; and (4) Armed Forces service medal veterans. These classifications are defined as follows:

Disabled Veteran: (i) a veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; or (ii) a person who was discharged or released from active duty because of a service-connected disability.

Recently Separated Veteran: any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval, or air service.

Active Duty Wartime or Campaign Badge Veteran: a veteran who served on active duty in the U.S. military, ground, naval or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.

Armed Forces Service Medal Veteran: a veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

If you believe you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box below. As a Government contractor subject to VEVRAA, we request this information in order to measure the effectiveness of the outreach and positive recruitment efforts we undertake pursuant to VEVRAA.

PLEASE NOTE:

Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information provided will be used only in ways that are not inconsistent with VEVRAA, as amended.

The information you submit will be kept confidential, except that (i) supervisors and managers may be informed regarding restrictions on the work or duties of disabled veterans, and regarding necessary accommodations; (ii) first aid and safety personnel may be informed, when and to the extent appropriate, if you have a condition that might require emergency treatment; and (iii) Government officials engaged in enforcing laws administered by the Office of Federal Contract Compliance Programs, or enforcing the Americans with Disabilities Act, may be informed.

I IDENTIFY AS ONE OR MORE OF THE CLASSIFICATIONS OF PROTECTED VETERAN LISTED ABOVE

I AM NOT A PROTECTED VETERAN

Print Name

Date

Additional Information

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

If yes, please explain: _____

If you are under 18 years of age, can you provide proof of your eligibility to work? Yes No

If hired, can you provide proof of U.S. citizenship or proof of your legal right to work in the U.S.? Yes No

Driving may be a requirement for some positions with Hershocks, Inc. 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? Yes No

If Yes, please explain: _____

TO BE READ AND SIGNED BY APPLICANT

Please read each statement closely and initial each to acknowledge your understanding.

Equal Employment Opportunity Statement

_____ Hershocks, Inc. is committed to the principles of equal employment opportunity and is committed to make employment decisions based on merit. We are committed to complying with all Federal, State and local laws providing for equal employment opportunities, as well as all laws related to terms and conditions of employment. Hershocks, Inc. desires to maintain a work environment that is free of sexual harassment and discrimination due to race, religion, color, national origin, physical or mental disability, age or any other status protected by Federal, State or local laws. The Company will make reasonable efforts to accommodate those physical or mental limitations of an otherwise qualified employee unless undue hardship would result for Hershocks, Inc.

Disclosure to Applicants Concerning Criminal Records

_____ A prior criminal conviction will not automatically disqualify an applicant from consideration for employment. The Company however, may disqualify applicants from further consideration based on prior convictions for felonies or misdemeanors—and moving violation, where applicable—that, in the Company’s judgement affect the applicant’s suitability for employment. *For example: we have customers who do not permit individuals on their property who have been convicted of certain offenses and we would not be able to use those individuals as installers. Arrest records will not be considered where the arrest did not lead to a conviction.* For purposes of this policy, pleas of guilty or no contest will be treated in the same manner as a conviction.

Discrimination and Sexual Harassment Policy Statement

_____ Hershocks, Inc. will not tolerate any form of unlawful discrimination, including sexual harassment. Any employee who engages in unlawful discrimination or sexual harassment will be subject to appropriate discipline, up to and including termination. Prohibited sexual harassment is defined as follows: Unwelcome sexual advances, request for sexual favors and other verbal or physical conduct of a sexual nature constitutes sexual harassment when (1) submission to such conduct is made whether explicitly a term or condition of an individual’s employment; (2) Submission to or action of such conduct by an individual is used as the basis for employment decisions affecting such individuals; or (3) Such conduct has the purpose or effect of unreasonably interfering with an individual’s work performance or creating an intimidating, hostile or offensive work environment.

Disclosure to Applicants Concerning Drug/Alcohol Testing

____ If you are offered a position with Hershocks, Inc., you may be given a drug/alcohol test as a condition of employment. Your refusal to timely submit to a drug/alcohol test or your failure to pass such a test means you will not be employed by this company. Neither the collector of specimens nor the medical professional who reviews the test results will be a company employee. The test results will be kept confidential. The individual undergoing testing will be directly observed while providing the specimen unless there are reasonable grounds to believe the individual may alter or substitute the specimen. Negative test results are required as a condition of employment.

Complete and Accurate Information

____ I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I have personally completed this application. I understand that any omission or misstatement of material fact on this application, or any other document used to secure employment, shall be grounds for rejection or this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

At-Will Employment

____ I understand and agree that if I am employed, my employment will be “at-will”, which means that Hershocks, Inc. may terminate the employment relationship at any time, with or without cause and with or without notice. Likewise, Hershocks, Inc. will respect my right to terminate my employment at any time, with or without cause and with or without notice. I further understand that any prior representation, whether expressed or implied to the contrary is hereby superseded and that no promise or representation contrary to the foregoing is binding on Hershocks, Inc. unless made in writing and signed by Hershocks CEO.

Testing Authorization

____ If offered a position with the Hershocks, Inc., I hereby agree to any legally permitted physical, psychological, skill, drug or medical test required by Hershocks, Inc. as a condition of employment.

Investigation Authorization

____ I authorize investigation into all statements and references contained in this application. Said investigation may include credit, driving, criminal background, references and other background checks. By applying for this job, I also authorize post-hire investigation into my credit, driving and criminal background.

Company Obligation

____ I understand and agree that Hershocks acceptance of this job application does not mean that a position for which I am qualified is open (unless specifically posted) or that the company has agreed to hire me. I understand that Hershocks, Inc. is under no obligation to hire me as the result of accepting this completed application.

I have read and understand the above policy statements and agree to be bound by them if employed by Hershocks, Inc.

Applicant’s Signature

Date

Applicant (Print Name)