

Hardenbergh Canetti & Hill inc. t/a hch

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APPLICATION FOR EMPLOYMENT

hch is an equal opportunity employer. hch does not discriminate on the basis of race, color, religion, national origin, sex, age or disability. It is hch's intention that all qualified applicants be given equal opportunity and that selection decisions be on job related factors.

Each question should be fully and accurately answered. No action will be taken on this application until all questions have been answered. Use the back of the application if you do not have enough room on the application. Please print except for your signature on the last page. 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.

PLEASE PRINT

DATE _____

NAME _____

SOCIAL SECURITY NUMBER _____

STREET ADDRESS _____

CITY _____

STATE _____ ZIP CODE _____

HOME TELEPHONE NUMBER AREA CODE _____ # _____

CELL PHONE NUMBER AREA CODE _____ # _____

HOW DID YOU FIND OUT ABOUT hch Newspaper Ad Current Employee School
Internet Agency On My Own Other (Please circle all that apply)

NAME OF REFERRAL SOURCE TO hch _____

INDICATE THE POSITION FOR WHICH YOU ARE APPLYING _____

DO YOU WISH TO WORK? Full Time Part Time Temporarily

IF YOU WISH TO WORK PART TIME PLEASE SPECIFY THE HOURS AND DAYS

WHAT IS YOUR MINIMUM SALARY REQUIREMENT? _____
(THIS MUST BE FILLED OUT FOR YOUR APPLICATION TO BE CONSIDERED)

DATE AVAILABLE FOR WORK? _____

DO YOU HAVE ANY COMMITMENTS OR AGREEMENTS WITH ANOTHER EMPLOYER THAT MIGHT AFFECT YOUR EMPLOYMENT WITH hch ?

DO YOU HAVE ANY PENDING PERSONAL COMMITMENTS THAT YOU WILL NEED TO TAKE OFF FROM SCHEDULED WORK?

ARE YOU AVAILABLE TO WORK SATURDAYS?	YES	NO
ARE YOU AVAILABLE TO WORK SUNDAYS?	YES	NO
ARE YOU AVAILABLE TO WORK BOTH SATURDAYS AND SUNDAYS?	YES	NO

DO YOU HAVE A VALID NEW JERSEY DRIVERS LICENSE? YES NO

DO YOU HAVE YOUR OWN PERSONAL TRANSPORTATION THAT YOU WILL DRIVE TO AND FROM WORK? YES NO

SKILLS

TYPING SPEED _____ words per minute.

DO YOU HAVE EXPERIENCE WITH MULTIPLE TELEPHONE LINES ? YES NO

WHAT COMPUTER SOFTWARE EXPERIENCE DO YOU HAVE? _____

OTHER SKILLS _____

EDUCATIONAL DATA

C:\Users\tom\Documents\hch\Employee\Application\employmentstaff.doc

SCHOOL NAME AND STATE # OF YEARS COMPLETED DEGREE, MAJOR OR COURSE

HIGH OR GED _____

COLLEGE _____

GRADUATE _____

TRADE, BUSINESS, NIGHT, OTHER _____

MILITARY EXPERIENCE

WERE YOU IN THE ARMED FORCES ? YES NO

IF YES WHICH BRANCH? _____ DATES SERVED? _____

RANK AT SEPARATION? _____ MOS? _____

EMPLOYMENT HISTORY

HAVE YOU EVER WORKED UNDER ANY OTHER NAME? YES NO

IF YES GIVE NAME _____

ARE YOU PRESENTLY EMPLOYED? YES NO

CAN WE CONTACT YOUR EMPLOYER? YES NO

EMPLOYER _____ **JOB TITLE** _____

ADDRESS _____

TEL# _____ SUPERVISORS NAME _____

DATES EMPLOYED: START _____ END _____

SALARY START _____ END _____

DUTIES: _____

REASON FOR LEAVING _____

EMPLOYER _____ **JOB TITLE** _____

ADDRESS _____

TEL# _____ SUPERVISORS NAME _____

DATES EMPLOYED: START _____ END _____

SALARY START _____ END _____

DUTIES: _____

REASON FOR LEAVING _____

EMPLOYER _____ **JOB TITLE** _____

ADDRESS _____

TEL# _____ SUPERVISORS NAME _____

DATES EMPLOYED: START _____ END _____

SALARY START _____ END _____

DUTIES: _____

REASON FOR LEAVING _____

GENERAL INFORMATION

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ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED IN THIS COUNTRY BECAUSE OF VISA OR IMMIGRATION STATUS YES NO

IF HIRED CAN YOU FURNISH PROOF THAT YOU ARE ELIGIBLE TO WORK IN THE U.S.? YES NO

(Proof of citizenship or immigration status will be required upon employment)

ARE YOU WILLING TO UNDERGO A PRE EMPLOYMENT PHYSICAL EXAM?

YES NO

HAVE YOU PREVIOUSLY APPLIED FOR EMPLOYMENT WITH hch?

YES NO IF YES WHEN ? _____

HAVE YOU PREVIOUSLY BEEN EMPLOYED BY hch? YES NO

IF YES WHEN? _____

ARE ANY OF YOUR RELATIVES EMPLOYED BY hch? YES NO

IF YES PLEASE NAME _____

REFERENCES Not employees of hch or your relatives-at least three.)

NAME AND ADDRESS OCCUPATION TEL#

PERSON TO BE NOTIFIED IN THE CASE OF EMERGENCY

NAME _____ TEL# _____

ADDRESS _____

RELATIONSHIP _____

AGREEMENT

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY BEFORE SIGNING THIS APPLICATION

I hereby affirm that the information provided on this application (and accompanying resume, if any) is true and complete to the best of my knowledge. I also agree that falsified information or significant omissions may disqualify me from further consideration for employment and may be considered justification for dismissal if discovered at a later date.

I understand that my employment can be terminated, with or without cause, at any time at the discretion of *hch* or myself. I understand that no management official other than the President or Vice President of *hch* has any authority to enter into any agreement contrary to the foregoing or make an oral assurance or promise of continued employment.

I authorize persons, schools, my current employer (if applicable), and previous employers and organizations named in this application (and accompanying resume, if any) to provide any relevant information that may be required to arrive at an employment decision.

I understand that signing and agreeing to *hch*'s Employee at Will Agreement and Policy Manual is a condition of my employment.

I understand I may be required to successfully pass a drug screening examination. I hereby consent to a pre and post employment drug screen as a condition of my employment, if required.

I UNDERSTAND THAT HIS APPLICATION NOR SUBSEQUENT EMPLOYMENT DOES NOT CREATE A CONTRACT OF EMPLOYMENT NOR GUARANTEE ANY EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. IF EMPLOYED. I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME WITH OR WITHOUT CAUSE AND WITH OR WITHOUT NOTICE.

SIGNATURE _____ DATE _____