



Employment Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ *City State ZIP Code*

Phone: _____ Email: _____

Date Available: _____ Desired Salary: \$ _____

Permanent Position Applied for: _____

Are you legally eligible to work in the U. S.? <input type="checkbox"/> YES <input type="checkbox"/> NO	Are you able to work overtime? <input type="checkbox"/> YES <input type="checkbox"/> NO
Are you able to work out of town? <input type="checkbox"/> YES <input type="checkbox"/> NO	Are you able to perform the essential functions of the position with or without accommodations? <input type="checkbox"/> YES <input type="checkbox"/> NO
Are you able to work overnights? <input type="checkbox"/> YES <input type="checkbox"/> NO	Marital Status: Single/Married/Divorced _____

Are you able to provide a valid NY Drivers License upon hire? YES NO
 If so, fill out the following:
 Issuing Date/License Class: _____

Dependants/Children: YES NO

Have you ever been convicted of a felony? YES NO
 If yes, explain: _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

References

Please list two professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____ Email: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____ Email: _____

Previous Employment

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Skills & Qualifications

Other Qualifications such as special skills, abilities or honors that should be considered:

Types of Computers, software and other equipment you are qualified to operate or repair:

Professional licenses, certifications or registrations:

Additional skills, including supervision skills, other languages or information regarding the career/occupation you wish to bring to Hilltop's attention:

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ If Hired, Certification of Discharge may be requested

Contact

In case of accident or illness, please contact: _____ Daytime Phone: _____

Address: _____ Relationship: _____

Additional Benefits

If Hilltop was to offer Additional Benefits, please indicate below in number order, 1 being the most important, 6 being the least important.

Christmas Party _____ Family Outing/Other: _____

Summer Party _____ Employee Outing: _____

Holiday Gift: _____ Bonus Dollars: _____

Disclaimer and Signature

As part of our procedure for processing your employment application, your personal and employment references may be checked. If you have misrepresented or omitted any facts on this application, and are subsequently hired, you may be discharged from your job. You may make a written request for information derived from the checking of your references.

If necessary for employment, you may be required to: supply your birth certificate or other proof of authorization to work in the United States, have a physical examination and/or drug test, or to sign a conflict or interest agreement and abide by its terms. I understand and agree to the information shown above.

I certify that my answers are true and complete to the best of my knowledge.

Signature: _____ Date: _____