

APPLICATION FOR EMPLOYMENT

HWH CORPORATION
2096 MOSCOW ROAD
MOSCOW IA 52760

Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin or handicap.

PERSONAL

Last Name	First	Middle	Date
Street Address			Home Phone () -
City, State, Zip			Business Phone () -
Have you ever applied for employment with us? Yes ____ No ____ If Yes: Month and Year _____ Location _____			Social Security No. - -
Position Desired			
Are you available for full-time work? Yes ____ No ____ If not, what hours can you work? _____			Will you work overtime if asked? Yes ____ No ____
Are you legally eligible for employment in the United States:			When will you be available to begin work? _____
Other special training or skills (languages, machine operation, etc.)			
How did you learn of our organization?			

EDUCATION

SCHOOL	NAME AND LOCATION OF SCHOOL	COURSE OF STUDY	NO. OF YEARS COMPLETED	DID YOU GRADUATE?	DEGREE OR DIPLOMA
HIGH				Yes ____ No ____	
COLLEGE				Yes ____ No ____	
OTHER				Yes ____ No ____	

MEMBERSHIP IN PROFESSIONAL OR CIVIC ORGANIZATIONS (Exclude those which may disclose your race, religion, national origin, age, or handicap)

EMPLOYMENT

Please give accurate, complete, full-time and part-time employment record for the last 10 years. Start with present or most recent employer.

Company Name (1)	Telephone () -
Address	Employed (State Month and Year) From To
Name of Supervisor	Weekly Pay Start Last
State Job Title and Describe Your Work	Reason for Leaving

Company Name (2)	Telephone () -
Address	Employed (State Month and Year) From To
Name of Supervisor	Weekly Pay Start Last
State Job Title and Describe Your Work	Reason for Leaving

Company Name (3)	Telephone () -
Address	Employed (State Month and Year) From To
Name of Supervisor	Weekly Pay Start Last
State Job Title and Describe Your Work	Reason for Leaving

Company Name (4)	Telephone () -
Address	Employed (State Month and Year) From To
Name of Supervisor	Weekly Pay Start Last
State Job Title and Describe Your Work	Reason for Leaving

Company Name (5)	Telephone () -
Address	Employed (State Month and Year) From To
Name of Supervisor	Weekly Pay Start Last
State Job Title and Describe Your Work	Reason for Leaving

Company Name (6)	Telephone () -
Address	Employed (State Month and Year) From To
Name of Supervisor	Weekly Pay Start Last
State Job Title and Describe Your Work	Reason for Leaving

We may contact the employers listed above unless you indicate those you do not want us to contact.

DO NOT CONTACT

Employer Number (s) _____ Reason:

MILITARY

COMPLETE THIS SECTION IF YOU SERVED IN THE U.S. ARMED FORCES	Branch of Service: _____
Describe your duties and any special training _____ _____ _____	Period of Active Duty (Month & Year) From _____ To _____
	Rank at Discharge _____
	Date of Final Discharge _____

Have you ever been bonded: Yes _____ No _____ If Yes, with what employers?
Have you ever been convicted of a crime in the past ten years, excluding misdemeanors and summary offenses, which has not been annulled, expunged or sealed by a court? Yes _____ No _____ If Yes, describe in full.
State names of relatives and friends working for us other than your spouse.

REFERENCES

Name _____	Title or Position _____
Name _____	Title or Position _____
Name _____	Title or Position _____

SIGNATURE

I hereby declare the information provided by me in this Application for Employment is true, correct, and complete to the best of my knowledge. I understand that if employed, any misstatement or omission of fact on this application shall be considered cause for dismissal. I understand that if I am offered a position with the company, the offer may be conditioned on my undergoing a physical exam and assessment of my ability to perform the essential functions of my position.

Date

Signature

To be completed by Human Resource Administrator

Starting Date: _____

Starting Rate of Pay: _____

Termination Date: _____