



Employer \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_

Date Employed \_\_\_\_\_ to \_\_\_\_\_  
Position \_\_\_\_\_ Pay \_\_\_\_\_ per \_\_\_\_\_  
Supervisor \_\_\_\_\_  
Reason for leaving \_\_\_\_\_

Job Duties

**Personal References** ( Please provide two) Do not use former employers or relatives.

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Email \_\_\_\_\_

Phone \_\_\_\_\_  
Occupation \_\_\_\_\_  
Relationship \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Email \_\_\_\_\_

Phone \_\_\_\_\_  
Occupation \_\_\_\_\_  
Relationship \_\_\_\_\_

**For the following questions, please answer by placing an "X" next to the appropriate response.**

How did you learn about this job?

Walk-In      Website      HDC Employee \_\_\_\_\_ Other \_\_\_\_\_

Do you have a record of founded child or dependent adult abuse?      Yes      No

Have you ever been convicted of a crime in this state or any other state?      Yes      No

Note: Conviction of a crime will not necessarily disqualify an applicant from employment

Have you ever been discharged or disciplined for performance-related reasons?      Yes      No

Have you ever been discharged or disciplined for attendance or tardiness?      Yes      No

Have you ever been discharged or disciplined for fighting, assault, or related offenses?      Yes      No

Have you ever been discharged or disciplined for theft, unauthorized removal of company property, or related offense?      Yes      No

Have you ever been discharged or disciplined for being under the influence of alcohol or drugs while on the job, or for possession, use, or abuse of alcohol or drugs on the job?      Yes      No

**Additional Information**      Please read and sign.

I understand that the Immigration Reform and Control Act of November 6, 1986 requires me to prove the legality of my residency or citizenship. I am also aware that the failure to provide such proof at the time of request may legally force my termination. To the best of my knowledge the information contained on this application is true and factual. I understand that any false or misrepresented information will immediately disqualify me from the application process or, if hired, may result in immediate termination of employment. I understand that nothing contained in this employment application or in the granting of an interview is intended to create a contract between me and this company for either employment or the provision of any benefits; and further understand that if any employment relationship subsequently is established, I will have the right to terminate my employment at any time and the company will have a similar right. In addition, I understand that no promise, representation or agreement contrary to the foregoing is binding on the company unless made in writing and signed by me and an authorized representative of the company.

I, hereby give my permission to the Handicapped Development Center to investigate any aspect of my personal or employment background necessary for employment consideration. I also understand that a record check may be conducted.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

The Handicapped Development Center is an Equal Opportunity Employer.