

# HIS -Conference Centers, Inc.

## Application For Employment

\_\_\_\_\_  
Month Day Year

Name \_\_\_\_\_  
Last First Middle In.

Social Security No. \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Present Address \_\_\_\_\_  
No. Street City State Zip

How long have you lived at this address? \_\_\_\_ yrs. \_\_\_\_ mos Telephone No. (\_\_\_\_) \_\_\_\_ - \_\_\_\_  
Area code

Previous address \_\_\_\_\_ How long did you live there? \_\_\_\_ yrs \_\_\_\_ mos  
No. Street City State Zip

Job(s) applied for 1. \_\_\_\_\_ Rate of pay expected \$ \_\_\_\_\_ per \_\_\_\_  
2. \_\_\_\_\_ Rate of pay expected \$ \_\_\_\_\_ per \_\_\_\_

How did you learn of this opening?  Newspaper  Friend  Relative  Walk in  Employee (name \_\_\_\_\_)

Do you want to work  Full Time or  Part Time Days you are *unavailable* to work: \_\_\_\_\_

Have you worked for us before? \_\_\_\_ If yes, when? \_\_\_\_\_ Position \_\_\_\_\_ Supervisor \_\_\_\_\_

Do you have any relatives presently employed here? \_\_\_\_ If yes, name:  
\_\_\_\_\_

If hired, on what date will you be available to start work? \_\_\_\_\_

Which experiences, skills or qualifications do you have that especially qualify you to work here? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If hired, do you have a reliable means of transportation to get you to work?  Yes  No. if "No", explain  
how you will get to work? \_\_\_\_\_ How far do you live from this location? \_\_\_\_ miles

Have you ever been **convicted** of a misdemeanor or felony crime? This includes alcohol-related offenses, such as minor in possession, open intoxicants, driving while intoxicated, etc.  No  Yes

If yes, describe in full \_\_\_\_\_

### Person to be notified in case of emergency

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone No. \_\_\_\_\_

Address \_\_\_\_\_

***We are an Equal Opportunity Employer.***

**Prior Work History** *Beginning with the most recent place you have worked, list your past employers below*

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Company Name \_\_\_\_\_ Type of Business \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_  
Employed from \_\_\_\_\_ to \_\_\_\_\_ Salary or Rate \_\_\_\_\_ per \_\_\_\_\_  
Immediate Supervisor \_\_\_\_\_ Your Job Title \_\_\_\_\_  
Describe your job duties \_\_\_\_\_  
Reason for leaving \_\_\_\_\_

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Company Name \_\_\_\_\_ Type of Business \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_  
Employed from \_\_\_\_\_ to \_\_\_\_\_ Salary or Rate \_\_\_\_\_ per \_\_\_\_\_  
Immediate Supervisor \_\_\_\_\_ Your Job Title \_\_\_\_\_  
Describe your job duties \_\_\_\_\_  
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Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_  
Employed from \_\_\_\_\_ to \_\_\_\_\_ Salary or Rate \_\_\_\_\_ per \_\_\_\_\_  
Immediate Supervisor \_\_\_\_\_ Your Job Title \_\_\_\_\_  
Describe your job duties \_\_\_\_\_  
Reason for leaving \_\_\_\_\_

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Company Name \_\_\_\_\_ Type of Business \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_  
Employed from \_\_\_\_\_ to \_\_\_\_\_ Salary or Rate \_\_\_\_\_ per \_\_\_\_\_  
Immediate Supervisor \_\_\_\_\_ Your Job Title \_\_\_\_\_  
Describe your job duties \_\_\_\_\_  
Reason for leaving \_\_\_\_\_

Are you over the age of eighteen? \_\_\_\_\_ If no, hire is subject to verification that you are of minimum legal age.

Are you either a U.S. Citizen or a non-citizen authorized to work in the U.S.?  Yes  No

Have you lived in any other state within the last five years, prior to completing this application?  Yes  No

If so, In which state or states have you lived? \_\_\_\_\_

## Educational Background

TYPE OF SCHOOL	NAME	CITY	STATE	YEARS ATTENDED	GRADUATED	COURSE OR MAJOR
Grammar or Grade					<input type="checkbox"/> Yes <input type="checkbox"/> No	
High School					<input type="checkbox"/> Yes <input type="checkbox"/> No	
College					<input type="checkbox"/> Yes <input type="checkbox"/> No	
Post Graduate					<input type="checkbox"/> Yes <input type="checkbox"/> No	
Business/Trade					<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other					<input type="checkbox"/> Yes <input type="checkbox"/> No	

## Military Service Record

Have you ever served in the armed forces?  Yes  No. If "Yes", which branch? \_\_\_\_\_

Dates of duty: From \_\_\_\_\_ to \_\_\_\_\_  
 Month Day Year Month Day Year

Rank at discharge \_\_\_\_\_ Type of Discharge \_\_\_\_\_

What were your duties in the Service? (Include special training and duty station) \_\_\_\_\_

## Driving Record

Do you have a valid driver's license?  Yes  No If yes, give expiration date: \_\_\_\_\_

If "Yes", indicate type:  Automobile  Chauffeur License Number: \_\_\_\_\_ State \_\_\_\_\_

Have you been involved in any automobile accidents within the last 24 months?  Yes  No, If "Yes", give details \_\_\_\_\_

## Business References

NAME AND OCCUPATION	ADDRESS	PHONE NUMBER

# APPLICANT’S CERTIFICATION, AUTHORIZATION AND AGREEMENT

**PLEASE READ CAREFULLY BEFORE SIGNING. IF YOU HAVE ANY QUESTIONS REGARDING THE APPLICATION OR THE FOLLOWING STATEMENTS, PLEASE ASK FOR ASSISTANCE.**

I certify that to the best of my knowledge and belief, the answers given by me to the foregoing questions and the statements made by me in my employment application are true and complete. I understand that any false and/or misleading statements or omissions contained in my employment application may result in my immediate discharge if such information is discovered after I have become employed by HIS – Conference Centers, Inc. (referred to as the “Employer”).

## BACKGROUND INVESTIGATION

I authorize the schools, references and my prior employers listed on my employment application to provide my educational record, employment record, reason for leaving, and all other information they may have concerning me which may lawfully be disclosed. I further authorize the Employer to conduct an investigation into my motor vehicle record and criminal conviction history to determine my suitability for employment. I agree to release all parties (including the Employer) and their respective employees and agents, from any and all liability for disclosing information about me which may lawfully be disclosed and/ or making employment decisions concerning me based on that information. I specifically waive prior written notice of disclosure of my information to Employer.

I further understand and agree that if I am hired prior to the Employer receiving requested information concerning me, my employment may be terminated based upon the later receipt of information that the employer in its sole discretion deems unsatisfactory. I hereby release and hold harmless the Employer (and all of its employees or agents) from any and all liability, claims or causes of action which may arise as a result of such termination.

I further understand and agree that if the Employer learns, after making a conditional offer of employment, that I have a health condition or disability that prevents me from performing the job, the conditional offer of employment may be withdrawn.

## ALCOHOL AND DRUG TESTING

If I am employed by the Employer, I agree not to use or possess alcohol or illegal drugs at work, or to work under the influence of alcohol or illegal drugs. I understand that I will be discharged immediately by the Employer for violating these rules. If I am employed by the Employer, I will provide a urine and/or blood specimen under the following circumstances to a laboratory designated by the Employer at any time, with little or no advance notice in order to maintain the validity of the test:

- (1) If the Employer has cause to believe that I am under the influence of alcohol or illegal drugs; or
- (2) If I have been involved in an on-the-job accident resulting in personal injury or property damage.

The detected presence of alcohol or illegal drugs will be grounds for discharge. My failure or refusal to provide a urine and/or blood specimen when requested by the Employer under the above circumstances will also be grounds for discharge.

## “AT WILL” EMPLOYMENT

**I understand and agree that should I be hired, the Employer may terminate my employment at any time, with or without cause, and with or without notice. No person other than the CEO or COO of the Employer has the authority to make any agreement to the contrary, and any such agreement must be in writing and signed by the CEO or COO of the Employer to be enforceable. I agree to conform to the rules and policies of the Company, including the dispute resolution procedures contained in the Employee Handbook.**

## VERIFICATION

By signing this Agreement, I hereby certify that I have completely read the foregoing and knowingly and voluntarily agree to each and every condition of employment set forth above.

X \_\_\_\_\_  
Signature of Applicant

X \_\_\_\_\_  
Today’s Date