



# EMPLOYMENT APPLICATION

## IDENTIFICATION (PLEASE PRINT)

LAST NAME	FIRST NAME & MIDDLE INITIAL	OTHER NAMES USED
CURRENT ADDRESS (STREET, CITY, STATE, ZIP)		
PREVIOUS ADDRESS (STREET, CITY, STATE, ZIP) IF CURRENT IS LESS THAN SEVEN (7) YEARS		
HOME PHONE	CELL PHONE	EMAIL ADDRESS
FRIENDS OR RELATIVES WORKING FOR HUNT AND SONS, INC. (NAME AND RELATIONSHIP) <input type="checkbox"/> YES <input type="checkbox"/> NO		PHONE NUMBER
EMERGENCY CONTACT (NAME AND RELATIONSHIP)		PHONE NUMBER

## POSITION (PLEASE PRINT)

POSITION APPLYING FOR	LOCATION
HOW DID YOU HEAR ABOUT THE POSITION/COMPANY?	DATE AVAILABLE TO START
DAYS AVAILABLE FOR WORK <input type="checkbox"/> SUNDAY <input type="checkbox"/> MONDAY <input type="checkbox"/> TUESDAY <input type="checkbox"/> WEDNESDAY <input type="checkbox"/> THURSDAY <input type="checkbox"/> FRIDAY <input type="checkbox"/> SATURDAY	
AVAILABLE FOR <input type="checkbox"/> OVERTIME <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> WEEKENDS <input type="checkbox"/> HOLIDAYS <input type="checkbox"/> TEMPORARY <input type="checkbox"/> SHIFTWORK <input type="checkbox"/> OTHER _____	
HAVE APPLIED AT HUNT AND SONS, INC. BEFORE <input type="checkbox"/> YES <input type="checkbox"/> NO	DO YOU HAVE RELIABLE TRANSPORTATION FOR WORK <input type="checkbox"/> YES <input type="checkbox"/> NO
ARE YOU AT LEAST 18 YRS OF AGE <input type="checkbox"/> YES <input type="checkbox"/> NO	IF HIRED, PROVIDE PROOF OF LEGAL RIGHT TO WORK <input type="checkbox"/> YES <input type="checkbox"/> NO
DESIRED WAGE <input type="checkbox"/> HOUR <input type="checkbox"/> ANNUAL	DRIVERS LICENSE NUMBER AND EXPIRATION DATE
ARE YOU AVAILABLE FOR WORK TRAVEL <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> OVERNIGHT	
CURRENTLY EMPLOYED <input type="checkbox"/> YES <input type="checkbox"/> NO MAY WE CONTACT <input type="checkbox"/> YES <input type="checkbox"/> NO	
CURRENT D.O.T LICENSE <input type="checkbox"/> YES <input type="checkbox"/> NO	
ARE YOU ABLE TO PERFORM THE ESSENTIAL FUNCTIONS OF THE JOB FOR WHICH YOU ARE APPLYING FOR, WITH OR WITHOUT REASONABLE ACCOMODATION, IF NO, EXPLAIN <input type="checkbox"/> YES <input type="checkbox"/> NO	

## LEGAL (PLEASE PRINT)

HAVE YOU EVER BEEN CONVICTED OF A FELONY OR MISDEAMOR? (A CONVICTION WILL NOT NECESSARILY DISQUALIFY AN APPLICANT FROM EMPLOYMENT) <input type="checkbox"/> YES <input type="checkbox"/> NO		
IF YES, PLEASE PROVIDE DATE, CITY, STATE AND DETAILS OF CONVICTION		
(CALIFORNIA APPLICANTS ONLY: APPLICANTS MAY OMIT MARIJUANA-RELATED CONVICTIONS IF SUCH CONVICTIONS ARE MORE THAN TWO (2) YEARS OLD, AND ANY INFORMATION CONCERNING A REFERRAL TO, AND PARTICIPATION IN, ANY PRE-TRIAL OR POST-TRIAL DIVERSION PROGRAM)		
HAVE YOU EVER BEEN BONDED <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	HAVE YOU EVER BEEN REFUSED BONDING <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	BONDING EMPLOYER AND REASON FOR BOND

## REFERENCES (PLEASE PRINT)

LIST THREE (3) REFERENCES THAT ARE FAMILIAR WITH YOUR ACADEMIC, PROFESSIONAL, TRADE, BUSINESS, AND/OR CIVIC ACTIVITIES AND BACKGROUND AT LEAST ONE (1) MUST BE A FORMER, DIRECT SUPERVISOR		
NAME, POSITION, AND COMPANY	EMAIL	PHONE NUMBER
NAME, POSITION, AND COMPANY	EMAIL	PHONE NUMBER
NAME, POSITION, AND COMPANY	EMAIL	PHONE NUMBER

**EDUCATION (PLEASE PRINT)**

HIGH SCHOOL/GENERAL EDUCATION INSTITUTION AND LOCATION (CITY, STATE)	DIPLOMA./DEGREE	GRADUATE <input type="checkbox"/> YES <input type="checkbox"/> NO	DATES <b>NOT REQUIRED</b>
UNDERGRADUATE COLLEGE AND LOCATION (CITY, STATE)	DEGREE	GRADUATE <input type="checkbox"/> YES <input type="checkbox"/> NO	DATES
GRADUATE COLLEGE AND LOCATION (CITY, STATE)	DEGREE	GRADUATE <input type="checkbox"/> YES <input type="checkbox"/> NO	DATES
PROFESSIONAL TRADE, BUSINESS, TECHNICAL, OR OTHER AND LOCATION (CITY, STATE)	DEGREE	GRADUATE <input type="checkbox"/> YES <input type="checkbox"/> NO	DATES
LIST ANY ACEDMIC, PROFESSIONAL, TRADE, BUSINESS, AND/OR CIVIC ACTIVITIES THAT WILL COMPLIMENT YOUR WORK EXPERIENCE (EXCLUDE MEMBERSHIPS WHICH MAY REVEAL GENDER, RACE, RELIGION, NATIONAL ORIGIN, AGE, ANCESTORY, DISABILITY, OR OTHER PROTECTED CLASS)			
PROFESSIONAL LICENSE (LICENSE NAME, TYPE, STATE)	LICENSE NUMBER AND EXPIRATION DATE	CURRENT <input type="checkbox"/> YES <input type="checkbox"/> NO	
PROFESSIONAL LICENSE (LICENSE NAME, TYPE, STATE)	LICENSE NUMBER AND EXPIRATION DATE	CURRENT <input type="checkbox"/> YES <input type="checkbox"/> NO	

**EXPERIENCE (PLEASE PRINT)**

NAME OF EMPLOYER		MAY WE CONTACT <input type="checkbox"/> YES <input type="checkbox"/> NO		DATES EMPLOYED (MM/YY)		CURRENT <input type="checkbox"/> YES <input type="checkbox"/> NO	
				FROM		TO	
ADDRESS (STREET, CITY, STATE, ZIP)				NAME AND PHONE NUMBER OF SUPERVISOR			
POSITION	<input type="checkbox"/> SUBJECT TO FMCSR REGULATIONS	STARTING WAGE	ENDING WAGE	REASON FOR LEAVING			
		\$	\$				
DESCRIBE WORK PERFORMED ("SEE RESUME" WILL NOT BE ACCEPTED)							
NAME OF EMPLOYER		MAY WE CONTACT <input type="checkbox"/> YES <input type="checkbox"/> NO		DATES EMPLOYED (MM/YY)		CURRENT <input type="checkbox"/> YES <input type="checkbox"/> NO	
				FROM		TO	
ADDRESS (STREET, CITY, STATE, ZIP)				NAME AND PHONE NUMBER OF SUPERVISOR			
POSITION	<input type="checkbox"/> SUBJECT TO FMCSR REGULATIONS	STARTING WAGE	ENDING WAGE	REASON FOR LEAVING			
		\$	\$				
DESCRIBE WORK PERFORMED ("SEE RESUME" WILL NOT BE ACCEPTED)							
NAME OF EMPLOYER		MAY WE CONTACT <input type="checkbox"/> YES <input type="checkbox"/> NO		DATES EMPLOYED (MM/YY)		CURRENT <input type="checkbox"/> YES <input type="checkbox"/> NO	
				FROM		TO	
ADDRESS (STREET, CITY, STATE, ZIP)				NAME AND PHONE NUMBER OF SUPERVISOR			
POSITION	<input type="checkbox"/> SUBJECT TO FMCSR REGULATIONS	STARTING WAGE	ENDING WAGE	REASON FOR LEAVING			
		\$	\$				
DESCRIBE WORK PERFORMED ("SEE RESUME" WILL NOT BE ACCEPTED)							

**AUTHORIZATION (PLEASE PRINT)**

I hereby acknowledge that the above information is true and correct, and that I have read and agree to the below statements. I have not knowingly withheld any information that might adversely affect my opportunity for employment. I understand that the hiring process will be terminated, or in the event of employment by the Company, I shall be subject to dismissal, if any information that I have given in this application, the background release form, in any resume or interview, or any part of the hiring process is false or misleading, or if I have failed to give any information herein requested, or if I have withheld relevant information, regardless of the time elapsed after discovery.

I authorize the Company to inquire into my educational, professional and past employment history references as needed to research my qualifications for this position. I hereby give my consent to any former employer to provide employment-related information about me to the Company and will hold the Company and my former employer harmless from any claim made on the basis that such information about me was provided or that any employment decision was made on the basis of such information. I understand that criminal background and credit reports may be conducted in the course of the interview process, and I will be required to give authorization for such reports. I hereby release the Company, former employers, and all other persons, etc., from any and all claims, demands, or liabilities arising out of or in any way related to such investigations or disclosures. If offered employment, contingent upon hiring, I may be subject to a background investigation and drug test, depending on my classification.

I understand that nothing in this employment application, the granting of an interview or my subsequent employment with the Company is intended to create an employment contract between myself and the Company under which my employment could be terminated only for cause. I understand and agree that, if hired, my employment may be terminable "at will" and may be terminated by me or the Company at any time and for any reason. I understand that no person has any authority to enter into any agreement contrary to the foregoing except the President of the Company. If employed, I will be required to provide original documents that verify my identity and right to work in the US under the Immigration Reform and Control Act (IRCA) of 1986. These will be used in completing my required Form I-9.

APPLICANT PRINT NAME	APPLICANT SIGNATURE	DATE
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