



Date of Application		
Month	Day	Year

**APPLICATION FOR EMPLOYMENT**

*Conditions of employment are stated at the end of this form. Please read carefully before you sign this form. (Application must be completed in full. Do not attach a resume in place of completing this form).*

*Holladay is an equal employment opportunity employer. Applicants will be considered for employment without regard to race, religion, color, sex, age, national origin, disability, genetic information, veteran status, or any other protected status. If you need assistance to complete this application, please contact Human Resources.*

**PERSONAL INFORMATION:**

NAME \_\_\_\_\_  
                    LAST  FIRST  MIDDLE

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

ARE ANY OF YOUR RELATIVES EMPLOYED WITH HOLLADAY OR ITS DIVISIONS?   **YES** \_\_\_    **NO** \_\_\_

IF YES, NAME OF RELATIVE (S) \_\_\_\_\_

HAVE YOU EVER WORKED FOR HOLLADAY OR ITS DIVISIONS BEFORE?    **YES** \_\_\_    **NO** \_\_\_

IF YES, WHERE? \_\_\_\_\_                      HOW LONG? (Provide month and year) \_\_\_\_\_

**GENERAL INFORMATION:**

IF YOU ARE UNDER AGE 18, PLEASE STATE YOUR AGE \_\_\_\_\_

IF UNDER AGE 18, CAN YOU SUPPLY WORKING PAPERS?    **YES** \_\_\_    **NO** \_\_\_

ONLY U.S. CITIZENS OR ALIENS WHO HAVE A LEGAL RIGHT TO WORK IN THE U.S. ARE ELIGIBLE FOR EMPLOYMENT. UPON EMPLOYMENT, CAN YOU PROVIDE DOCUMENTATION AUTHORIZING YOU ARE LEGALLY ELIGIBLE TO WORK IN THE U.S.?

**YES** \_\_\_    **NO** \_\_\_

HAVE YOU EVER BEEN DISCHARGED FROM EMPLOYMENT OR ASKED TO RESIGN?    **YES** \_\_\_    **NO** \_\_\_

IF YES, PLEASE EXPLAIN: \_\_\_\_\_

**EMPLOYMENT INFORMATION:**

POSITION DESIRED \_\_\_\_\_ INCOME REQUIREMENT \_\_\_\_\_

FULL TIME \_\_\_\_\_ (30 or more hours a week)    PART TIME \_\_\_\_\_ (less than 30 hours a week)

DATE AVAILABLE TO START \_\_\_\_\_

LIST SKILLS YOU POSSESS THAT ARE APPLICABLE TO THE POSITION YOU WISH TO OBTAIN (i.e. microsoft office, any office machines) \_\_\_\_\_

CAN YOU PERFORM THE FUNCTIONS OF THE POSITION APPLIED FOR (WITH OR WITHOUT REASONABLE ACCOMMODATIONS)?

**YES** \_\_\_    **NO** \_\_\_

IF NO, PLEASE EXPLAIN. (Make sure you understand the functions of the position you are applying for *before* you answer. Ask the interviewer if you need clarification.)

**EMPLOYMENT HISTORY:** *(List below your last three employers, starting with the last one first.)*

MONTH & YEAR	COMPANY, SUPERVISOR'S NAME, ADDRESS AND PHONE #	SALARY		DUTIES
		START	END	
FROM:				REASON FOR LEAVING:
TO:				
FROM:				REASON FOR LEAVING:
TO:				
FROM:				REASON FOR LEAVING:
TO:				

**REFERENCES:** *(Not related to you, whom you have known at least one year.)*

NAME	ADDRESS	DAY & EVENING PHONE	YEARS ACQUAINTED

**EDUCATION HISTORY:**

EDUCATION	NAME & LOCATION OF SCHOOL	DID YOU GRADUATE?	MAJOR STUDIED/DEGREE
HIGH SCHOOL		YES _____ NO _____	
COLLEGE		YES _____ NO _____	
GRADUATE SCHOOL		YES _____ NO _____	
BUSINESS/TRADE/OTHER		YES _____ NO _____	

**Please read before signing:**

I understand that if employment is offered, such an offer is contingent upon satisfactory completion of a drug test and background check administered by the company.

If hired, I agree to abide by all Holladay's rules and regulations and understand that, if employed, my employment may be terminated with or without cause, and with or without notice, at any time, by me or Holladay. I further understand that no representation, whether oral or written, can constitute a contract of employment unless executed in writing by Holladay's President and CEO.

I certify that all answers given by me are true, accurate and complete. I understand that the falsification, omission of fact or misrepresentation on this application (or any other accompanying or required documents) will be cause for denial of employment or immediate termination of employment, regardless of when or how it is discovered.

I acknowledge that I have read and understand the above statements and hereby grant permission to confirm the information supplied on this application by me.

Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_