



## EMPLOYMENT HISTORY

LIST NAMES OF EMPLOYERS IN CONSECUTIVE ORDER WITH PRESENT OR LAST EMPLOYER LISTED FIRST. ACCOUNT FOR ALL PERIODS OF TIME, INCLUDING MILITARY SERVICE. **PHOTOCOPY THIS PAGE AS NEEDED.**

EMPLOYER: _____	TELEPHONE :(____)_____
MAILING ADDRESS: _____	CITY: _____ STATE: _____
SUPERVISOR: _____	SALARY: _____
NATURE OF BUSINESS: _____	JOB TITLE: _____
EMPLOYMENT DATES: ____Month ____Year	TO ____Month ____Year
RESPONSIBILITIES: _____ _____	
REASON FOR LEAVING: _____ _____	

EMPLOYER: _____	TELEPHONE :(____)_____
MAILING ADDRESS: _____	CITY: _____ STATE: _____
SUPERVISOR: _____	SALARY: _____
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NATURE OF BUSINESS: _____	JOB TITLE: _____
EMPLOYMENT DATES: ____Month ____Year	TO ____Month ____Year
RESPONSIBILITIES: _____ _____	
REASON FOR LEAVING: _____ _____	

PERSONAL REFERENCES: (DO NOT INCLUDE RELATIVES)

NAME	COMPLETE ADDRESS	PHONE

HAVE YOU PREVIOUSLY BEEN EMPLOYED BY THIS AGENCY? YES  NO

If yes, explain: \_\_\_\_\_

DOES A MEMBER OF YOUR FAMILY WORK FOR HCCAA? YES  NO

If yes, explain: \_\_\_\_\_

*(Family is defined as father, mother, brother, sister, son, daughter, husband, wife, father and/or mother- in-law, brother-in-law, and/or sister-in-law.)*

DO YOU SERVE AS A VOTING MEMBER ON HCCAA'S REGIONAL BOARD OF DIRECTORS? YES  NO

HAVE YOU SERVED ON HCCAA'S REGIONAL BOARD WITHIN THE PAST 12 MONTHS? YES  NO

DOES A MEMBER OF YOUR FAMILY SERVE ON HCCAA'S REGIONAL BOARD? YES  NO

PLEASE INCLUDE ANY OTHER INFORMATION WHICH YOU FEEL WOULD BE HELPFUL TO US IN CONSIDERING YOU FOR EMPLOYMENT, SUCH AS SKILLS GAINED WITH PREVIOUS JOBS, ARTICLES PUBLISHED, COMMUNITY ACTIVITIES OR INVOLVEMENT, OR OTHER ACCOMPLISHMENTS. YOU MAY EXCLUDE ALL INFORMATION INDICATIVE OF RACE, COLOR, RELIGION, SEX, SEXUAL ORIENTATION, AGE, NATIONAL ORIGIN, DISABILITY, VETERAN'S STATUS, POLITICAL BELIEF, OR ANY OTHER LEGALLY PROTECTED STATUS.

ARE YOU PRESENTLY EMPLOYED? YES  NO

MAY WE CONTACT YOUR CURRENT EMPLOYER? YES  NO  N/A

MAY WE CONTACT YOUR FORMER EMPLOYERS? YES  NO  N/A

PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING

*I Certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.*

*I authorize and agree to cooperate in a thorough investigation of all statements made herein and other matters relating to my background and qualifications. I understand that any investigation conducted may include a request for employment and educational history, credit reports, consumer reports, investigative consumer reports, driving record, and criminal history. I authorize any person, school, current and former employers, unless specified above, consumer reporting agency, and any other organization or agency to provide information relevant to such investigation and I hereby release all persons and corporations requesting or supplying information pursuant to such investigation from all liability or responsibility to me for doing so.*

*I understand that compliance with HCCAA's Code of Conduct is a condition of my employment.*

*I understand that I may be required to successfully pass a drug-screening examination, or physical examination. I hereby consent to a pre-and/or post-employment drug screen or physical exam as a condition of my employment, if required.*

**I UNDERSTAND THAT THIS APPLICATION OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE A CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT CAUSE AND WITH OR WITHOUT NOTICE.**

*I have read, understand, and by my signature consent to these statements.*

Applicant signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Resumes accepted, but not in lieu of this application. Only applicants selected for interview will receive written notification of results.**