



# APPLICATION FOR EMPLOYMENT

Position Desired: \_\_\_\_\_  Full time  Part time  Temporary or Summer

Date: \_\_\_\_\_

HILL-TOP RESEARCH IS AN EQUAL OPPORTUNITY EMPLOYER AND DOES NOT DISCRIMINATE BECAUSE OF RACE, COLOR, RELIGION, SEX, AGE, CITIZENSHIP, MARITAL STATUS, DISABILITY, OR NATIONAL ORIGIN OR ANY OTHER BASIS PROTECTED BY FEDERAL, STATE OR LOCAL LAW. Equal access to programs, services, and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify the Human Resources Department.

Referral Source: (Please check the appropriate category and name the source.)

Walk-in: \_\_\_\_\_  School: \_\_\_\_\_

Employee: \_\_\_\_\_  Job Fair: \_\_\_\_\_

Advertisement: \_\_\_\_\_  Staffing Agency: \_\_\_\_\_

Company Website: \_\_\_\_\_  Government Employment Agency: \_\_\_\_\_

Other Internet: \_\_\_\_\_  Other: \_\_\_\_\_

## PERSONAL DATA

Name \_\_\_\_\_ Social Security No. \_\_\_\_\_  
(Print) Last First Middle

Present Address \_\_\_\_\_ How long have you lived there? \_\_\_\_\_  
Street and Number City State Zip Years Months

Previous Address \_\_\_\_\_ How long did you live there? \_\_\_\_\_  
Street and Number City State Zip Years Months

Phone No. \_\_\_\_\_ Are you 18 years of age or older?  Yes  No

Mobile/Beeper/Other Phone No. \_\_\_\_\_

Are you legally eligible for employment in the United States?  Yes  No  
(I understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and the federal immigration laws required me to complete and I-9 Form in this regard.)

Have you ever worked for Hill-Top Research before?  Yes  No  
If yes, please give dates and position: \_\_\_\_\_

Do you have any friends or relatives working here?  Yes  No  
If Yes, Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Have you ever pled guilty or "no contest" to a crime, been convicted of a crime, had adjudication withheld, prosecution deferred or do you have any criminal charges pending?  Yes  No  
If yes, please give date and details of each: \_\_\_\_\_

Have you ever been a defendant in a civil suit on an intentional tort (assault, battery, false imprisonment, invasion of privacy, intentional infliction of emotional distress, intentional wrongful death) or have you ever been accused of unlawful work place discrimination or harassment (including but not limited to sexual harassment)?  Yes  No

If yes, provide details: \_\_\_\_\_

Are you currently excluded from participating in an federal refunded healthcare program including Medicare/Medicaid – or are you aware of any potential excluded from a federal funded healthcare program.  Yes  No

NOTE: Answering "Yes" to these questions does not constitute an automatic bar to employment. Factors such as job relatedness, date of the offense, seriousness and nature of the violation, and rehabilitation will be taken into account.

**RECORD OF PREVIOUS EMPLOYMENT**

Please list the names of your present or previous employers in chronological order with present or last employer listed first. Be sure to account for all periods of time including military service and any period of unemployment. If self-employed, give firm name and supply business references.

_____ <b>Present or Past Employer</b> _____ <b>Address</b> _____ <b>City, State, Zip Code</b> _____ <b>Telephone</b> _____	<u>Employed</u> <b>From (mo/yr)</b> _____ <b>To (mo/yr)</b> _____	<u>Pay</u> <b>Start</b> \$ _____ <b>Final</b> \$ _____	<u>Your Title or Position</u> _____ <u>Name and Title of Last Supervisor</u> _____	<u>Reason for Leaving</u> _____ _____ _____
_____ <b>Present or Past Employer</b> _____ <b>Address</b> _____ <b>City, State, Zip Code</b> _____ <b>Telephone</b> _____	<u>Employed</u> <b>From (mo/yr)</b> _____ <b>To (mo/yr)</b> _____	<u>Pay</u> <b>Start</b> \$ _____ <b>Final</b> \$ _____	<u>Your Title or Position</u> _____ <u>Name and Title of Last Supervisor</u> _____	<u>Reason for Leaving</u> _____ _____ _____
_____ <b>Previous Employer</b> _____ <b>Address</b> _____ <b>City, State, Zip Code</b> _____ <b>Telephone</b> _____	<u>Employed</u> <b>From (mo/yr)</b> _____ <b>To (mo/yr)</b> _____	<u>Pay</u> <b>Start</b> \$ _____ <b>Final</b> \$ _____	<u>Your Title or Position</u> _____ <u>Name and Title of Last Supervisor</u> _____	<u>Reason for Leaving</u> _____ _____ _____
_____ <b>Previous Employer</b> _____ <b>Address</b> _____ <b>City, State, Zip Code</b> _____ <b>Telephone</b> _____	<u>Employed</u> <b>From (mo/yr)</b> _____ <b>To (mo/yr)</b> _____	<u>Pay</u> <b>Start</b> \$ _____ <b>Final</b> \$ _____	<u>Your Title or Position</u> _____ <u>Name and Title of Last Supervisor</u> _____	<u>Reason for Leaving</u> _____ _____ _____

List all other employers you have had in the last ten (10) years.

\_\_\_\_\_

\_\_\_\_\_

Have you ever been terminated or asked to resign from any job?  Yes  No

If yes, please explain circumstances: \_\_\_\_\_

Please explain fully any gaps in your employment history, other than those due to personal illness, injury or disability:

**SKILLS AND QUALIFICATIONS**

Please describe any experience you have which you feel would assist you in performing the job for which you are applying.

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Computer Skills (Check appropriate boxes. Include software titles and years of experience.)

<input type="checkbox"/> Word Processing	_____	Years: _____	<input type="checkbox"/> Internet	_____	Years: _____
<input type="checkbox"/> Spreadsheet	_____	Years: _____	<input type="checkbox"/> Other	_____	Years: _____
<input type="checkbox"/> Presentation	_____	Years: _____	<input type="checkbox"/> Other	_____	Years: _____
<input type="checkbox"/> E-Mail	_____	Years: _____	<input type="checkbox"/> Other	_____	Years: _____

**EDUCATION**

School Name	Years Completed: (Circle)	Diploma or Degree	Describe Course Of Study or Major	Describe Specialized Training, Experience, Skills, and Extra-Curricular Activities
High School	9 10 11 12			
College / University	1 2 3 4			
Graduate / Professional	1 2 3 4			
Trade / Correspondence				
Other				

**DRIVING INFORMATION (ONLY REQUIRED IF APPLYING FOR POSITION THAT REQUIRES DRIVING)**

Do you have a current driver's license?  Yes  No  
 State: \_\_\_\_\_ License No.: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Has your driver's license ever been suspended or revoked?  Yes  No  
 If yes, please explain circumstances: \_\_\_\_\_

Do you have personal automobile insurance?  Yes  No Name of Insurance Company: \_\_\_\_\_  
 Has your personal automobile insurance ever been cancelled?  Yes  No  
 If yes, please explain circumstances: \_\_\_\_\_

Have you ever been cited for driving under the influence (DUI) or driving while intoxicated (DWI)?  Yes  No  
 If yes, please explain circumstances and outcome: \_\_\_\_\_

Please list all moving traffic violations in the last five (5) years:

Offense	Date	Location	Offense	Date	Location
_____	_____	_____	_____	_____	_____
Offense	Date	Location	Offense	Date	Location
_____	_____	_____	_____	_____	_____

**PERSONAL REFERENCES**

Please list persons who know you well -- not previous employers or relatives

Name	Occupation	Address (Street, City and State)	Telephone Number	Number of Years Known

**WE ARE AN EQUAL OPPORTUNITY EMPLOYER  
APPLICANT'S STATEMENT**

I have disclosed all information that is relevant and should be considered applicable to my candidacy for employment.

\_\_\_\_\_ Initials

I understand, where permissible under applicable federal, state, and local law, I may be subject to a pre-employment drug test after receiving a conditional offer of employment, and must receive a negative result before being permitted to commence work with the company. I also may be subject to post-employment drug tests: (1) post-accident; (2) random; or (3) upon reasonable suspicion in accordance with applicable federal, state and local law.

\_\_\_\_\_ Initials

I understand, where permissible under applicable federal, state, and local law, I may be subject to a pre-employment medical examination after receiving a conditional offer of employment, and must meet the qualifications for the position, with or without reasonable accommodation, before being permitted to commence work with the company.

\_\_\_\_\_ Initials

I certify that the information given by me on this application is true and complete, without any omissions of any kind. I authorize the company and its representatives to contact my prior employers and all others for the purpose of verification of the information I have supplied and release same from any liability resulting from the information released. I authorize employers, schools and other persons named on this application to provide any information or transcripts requested.

\_\_\_\_\_ Initials

I understand employment with the company is also contingent on my providing sufficient documentation necessary to establish my identity and eligibility to work in the United States.

\_\_\_\_\_ Initials

I expressly understand and agree that, if employed, my employment, having no specified term, is based upon mutual consent and may be terminated at will, with or without cause, by either party (the employer or me) without prior notice to the other, unless otherwise prohibited by law.

\_\_\_\_\_ Initials

I understand that no representation, whether oral or written, by any representative or agent of the company, at any time, can constitute an implied or expressed contract of employment. I further understand no representative or agent of the company has the authority to enter into an agreement for employment for any specified period of time or to make any change in any policy, procedure, benefit or other terms or condition of employment other than in a document signed by the Human Resources Manager or his/her authorized representative.

\_\_\_\_\_ Initials

I certify, under penalty of perjury, that all of the above information is true and complete, and I understand that any falsification or omission of information may result in denial of employment or, if hired, may result in termination regardless of the time lapse before discovery.

Note: An offer of employment is conditioned upon complying with the company's requirements including, but not limited to, signing a \_\_\_\_\_.

MY SIGNATURE IS EVIDENCE THAT I HAVE READ AND AGREE WITH THE ABOVE STATEMENTS.

Applicant's signature \_\_\_\_\_ Date \_\_\_\_\_

**THIS APPLICATION WILL BE CONSIDERED ACTIVE FOR A MAXIMUM OF THIRTY (30) DAYS. IF YOU WISH TO BE CONSIDERED FOR EMPLOYMENT AFTER THAT TIME, YOU MUST REAPPLY.**

Date

Signature of Applicant