



HAWKEYE

APPLICATION FOR EMPLOYMENT

Hawkeye, LLC is an equal opportunity employer. We are committed to our policy of providing equal employment opportunity to employees and job applicants in a manner consistent with applicable laws and regulations, including federal laws prohibiting employment discrimination on the basis of race, color, creed, national origin, sex, age, disability, or genetic information.

INTRODUCTORY INFORMATION:

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____ Cell Phone: _____

APPLICANT QUESTIONS:

Type of worked desired: _____ Salary desired: _____ Date Available: _____

If hired, can you provide documents required to establish your eligibility to work in the U.S.? Yes No

Are you 16 years of age or older? Yes No

How were you referred to Hawkeye? _____

EDUCATION:

High School or last grade completed

Name & Address of School: _____

Course of Study: _____ Number of years completed: _____

Degree/Diploma: _____

College or Technical School

Name & Address of School: _____

Course of Study: _____ Number of years completed: _____

Degree/Diploma: _____

Other Schooling or Training

Name & Address of School: _____

Course of Study: _____ Number of years completed: _____

Degree/Diploma: _____

MILITARY EXPERIENCE:

Branch of Service: _____

Rank/Type of Service: _____

Job-Related Training/Experience: _____

RECORD OF EMPLOYMENT:

List positions starting with most recent:

Employer: _____ Telephone: _____

Address: _____

Position Title: _____ Supervisor: _____

Start Date: _____ Date Left: _____ Beginning Salary: _____ Ending Salary: _____

Duties: _____

Reason for Leaving: _____

Employer: _____ Telephone: _____

Address: _____

Position Title: _____ Supervisor: _____

Start Date: _____ Date Left: _____ Beginning Salary: _____ Ending Salary: _____

Duties: _____

Reason for Leaving: _____

Employer: _____ Telephone: _____

Address: _____

Position Title: _____ Supervisor: _____

Start Date: _____ Date Left: _____ Beginning Salary: _____ Ending Salary: _____

Duties: _____

Reason for Leaving: _____

WORK-RELATED REFERENCES: (Do not include relatives)

	Name	Occupation	Contact Information
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

PERSONAL REFERENCES: (Do not include relatives)

	Name	Occupation	Contact Information
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

STATEMENT (Please read this statement carefully before signing this application):

I understand and agree that if this application results in employment, my employment with Hawkeye is at-will. Meaning that I or Hawkeye may terminate my employment at any time, or for any reason consistent with applicable state or federal law.

I understand Hawkeye requires the successful completion and passing of a general physical, lift capacity evaluation, and a drug and/or alcohol test as a condition of employment. I hereby consent to all testing and agree to cooperate fully and waive any and all objections I might otherwise have to such testing. I further understand that if an offer of employment is made, I will be asked to answer certain medical questions. Medical examinations and answers to medical injuries will be maintained on separate forms and will be treated as confidential medical records. An applicant will not be excluded from employment unless they have a medical condition that prohibits their ability to perform the essential job functions of the position he or she desires with this company. Hawkeye will make reasonable accommodations to aid handicapped applicants, or employees, fulfill essential job functions.

I authorize Hawkeye to conduct a thorough background investigation of my work and personal history, and verify all data given on this application and during interviews. I hereby release the Organization, and its representatives or agents, from any liability that might result from such an investigation. I authorize all individuals, schools, and firms named to provide any requested information and release them from all liability for providing the requested information.

I understand that if hired I will receive a copy of Hawkeye rules and regulations and the company's policies including drug policies. I will read and understand the rules, regulations, and policies: and acknowledge that I will be required to abide by them.

I understand this application will be active for a period of 90 days; after that time, if I wish to be considered for employment, I must submit a new application. I certify that all the statements in this completed application are true and understand that any falsification or willful omission shall be sufficient cause for dismissal or refusal to hire.

Signature of Applicant: _____ Date Signed: _____