



EMPLOYMENT APPLICATION

RESUMES WILL NOT BE ACCEPTED IN LIEU OF APPLICATIONS.

It is the policy of HACS that in all aspects of its operations each person shall be considered solely on the basis of qualifications, without regard to race, color, religion, gender, national origin, age, sexual orientation, disability or political belief.

PLEASE PRINT CLEARLY. Fill out employment application completely and be sure to sign when completed. You may submit one application for each job posting for which you are interested. An original signature will be required on each employment application.

List the title of the employment opportunity for which you wish to apply:	Date available:
Referral Sources:	
<input type="checkbox"/> HACS website	<input type="checkbox"/> Newspaper _____
<input type="checkbox"/> Walk-in	<input type="checkbox"/> Job Fair _____
<input type="checkbox"/> Employee Referral _____	<input type="checkbox"/> Other Internet Site _____

IDENTIFICATION	Last Name	First	Middle Initial	Social Security Number
	Current Address	Street and Number	City	State
	Telephone numbers where you can be reached: Home			Work
	Other			Email address
	List any other names used for employment, if different from above.			
Federal law prohibits the employment of unauthorized aliens. If hired, would you be able to provide documentation that you are lawfully employable in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No			Alien Registration Number	
If no, give status and type of visa _____				

PERSONAL	1. Have you previously applied with HACS, Inc.? <input type="checkbox"/> Yes <input type="checkbox"/> No	2. Have you ever been employed by HACS, Inc.? <input type="checkbox"/> Yes <input type="checkbox"/> No	3. Have you, any relatives and/or significant others ever been employed by any other health care facility? <input type="checkbox"/> Yes <input type="checkbox"/> No
	If you answered yes to question 2 above, please list dates of employment and department: _____		If you answered yes to question 3 above, please list names, relationships and service providers: _____
	Have you ever been convicted of a felony or subjected to a deferred adjudication on a felony charge? <input type="checkbox"/> Yes <input type="checkbox"/> No		

EDUCATION	Circle highest grade level completed:	Grade School 1 2 3 4 5 6 7 8	High School 9 10 11 12	College 13 14 15 16	Graduate School <input type="checkbox"/> Yes <input type="checkbox"/> No	
	High School	City	State	Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	If No, GED? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	College	City	State	Major	Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Other	City	State	Major	Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Other	City	State	Major	Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Certificate/License: <input type="checkbox"/> Yes <input type="checkbox"/> No	Type:	State where issued:	Number:	Date issued:	Expiration Date:
	Certificate/License: <input type="checkbox"/> Yes <input type="checkbox"/> No	Type:	State where issued:	Number:	Date issued:	Expiration Date:

OTHER INFORMATION	Foreign Language: _____	Speak? <input type="checkbox"/> Yes <input type="checkbox"/> No	Read? <input type="checkbox"/> Yes <input type="checkbox"/> No	Write? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Are you willing to work hours other than 8am to 5 pm and days other than Monday through Friday? <input type="checkbox"/> Yes <input type="checkbox"/> No			
	Are you willing to travel? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what percent of time? _____	Current Driver's License No. (No & State issued): _____	
	List all job related training or skills you possess and machines or office equipment you can use, such as computer equipment, types of software and hardware, etc. _____ _____			

The information below is required to complete your employment history and will be an official record and must accurately reflect all significant duties performed. Begin by describing your most recent employer and work backwards.

1	Employer	From Month/Year	To Month/Year	<input type="checkbox"/> Part time <input type="checkbox"/> Full time
	Street Address			Current/Final Salary
	City, State, Zip			May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Job Title:	Name and Title of Immediate Supervisor:	Telephone Number:	
	Duties: (include reason for leaving) _____			
2	Employer	From Month/Year	To Month/Year	<input type="checkbox"/> Part time <input type="checkbox"/> Full time
	Street Address			Current/Final Salary
	City, State, Zip			May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Job Title:	Name and Title of Immediate Supervisor:	Telephone Number:	
	Duties: (include reason for leaving) _____			
3	Employer	From Month/Year	To Month/Year	<input type="checkbox"/> Part time <input type="checkbox"/> Full time
	Street Address			Current/Final Salary
	City, State, Zip			May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Job Title:	Name and Title of Immediate Supervisor:	Telephone Number:	
	Duties: (include reason for leaving) _____			
4	Employer	From Month/Year	To Month/Year	<input type="checkbox"/> Part time <input type="checkbox"/> Full time
	Street Address			Current/Final Salary
	City, State, Zip			May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Job Title:	Name and Title of Immediate Supervisor:	Telephone Number:	
	Duties: (include reason for leaving) _____			

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY AND INDICATE YOUR UNDERSTANDING AND ACCEPTANCE BY SIGNING IN THE SPACE PROVIDED.

I understand this application is not an employment contract, nor can it be used to create one. Employment by HACS, Inc. has no specific term and may be terminated by the employee or HACS, Inc. with or without notice. I acknowledge that HACS, Inc. has not made any promises or representations that differ from those contained in this paragraph. I certify that all the information provided by me in connection with my application, whether on this document or not, is true and complete, and I understand that any misstatement, falsification, or omission of information may be grounds for refusal to hire or, if hired, termination. I understand that as a condition of employment, I will be required to provide legal proof of identity and authorization to work in the United States. If I am offered a position with HACS, Inc., and fail to provide this evidence will result in the termination of my employment. I understand that HACS, Inc. may conduct background inquiries on me by requesting information from various federal, state, city, and/or other agencies which maintain records concerning my past activities relating to my driving, credit, criminal, civil, and other experiences as well as claims involving me in the files of insurance companies. I hereby authorize HACS, Inc. to request a criminal and/or civil background report. I understand that HACS, Inc. may utilize any information received in determining my eligibility for employment. This authorization and consent shall be valid in original, fax, or copy form. I authorize any of the persons or organizations referenced in this application to give you any and all information concerning my previous employment, education, or any other information they might have, personal or otherwise, with regard to any of the subjects covered by this application, and I release all such parties from all liability from any damages which may result from furnishing such information to you.

Signature – Applicant: _____

Date: _____

AN EQUAL OPPORTUNITY EMPLOYER