

APPLICATION FOR EMPLOYMENT

HWH CORPORATION

2096 Moscow Road | Moscow, IA 52760

Ph: 563.724.3396 | Fax: 563.724.3408 | Web: www.HWH.com | Email: careers@hwh.com

Prospective employees will receive consideration without discrimination because of age, color, creed, disability (physical or mental), gender, gender identity, genetic information, national origin, pregnancy, race, religion, sex, or sexual orientation.

PERSONAL

Last Name	First Name	Middle Name	Date (mm/dd/yy)
Street Address			Home Phone (xxx-xxx-xxxx)
City, State, Zip			Social Security #

Have you ever applied for employment with us? (Yes, No)	
If Yes, Month & Year:	
If Yes, Location:	

Desired Position(s):	
Are you available for full-time work? (Yes, No)	
If not, what hours can you work?	
Will you work overtime if asked? (Yes, No)	
When will you be available to begin work?	
Are you legally eligible for employment in the United States? (Yes, No)	
Other special training or skills (languages, machine operation, software knowledge, typing, filing, computer drafting, programming, desktop publishing, artwork, photography, web design, etc.)	
How did you learn of our organization?	

EDUCATION

School	Name & Location of School	Course of Study	No. Of Years Completed	Did You Graduate? (Yes, No)	Degree or Diploma
High School					
College					
Other					
Other					

MEMBERSHIP IN PROFESSIONAL OR CIVIC ORGANIZATIONS

(Exclude those which may disclose your race, religion, national origin, age, handicap, or sexual orientation.)

EMPLOYMENT

Please give accurate, complete, full-time and part-time employment record for the last ten (10) years. Start with present or most recent employer.

Company Name (1)	Telephone (xxx-xxx-xxxx)	
Address	Employed (State Month & Year)	
Name of Supervisor	From To:	
State Job Title and Describe Your Work	Weekly Pay	
	Start Last:	
	Reason for Leaving	

Company Name (2)	Telephone (xxx-xxx-xxxx)	
Address	Employed (State Month & Year)	
Name of Supervisor	From To:	
State Job Title and Describe Your Work	Weekly Pay	
	Start Last:	
	Reason for Leaving	

Company Name (3)	Telephone (xxx-xxx-xxxx)	
Address	Employed (State Month & Year)	
Name of Supervisor	From To:	
State Job Title and Describe Your Work	Weekly Pay	
	Start Last:	
	Reason for Leaving	

Company Name (4)	Telephone (xxx-xxx-xxxx)	
Address	Employed (State Month & Year)	
Name of Supervisor	From To:	
State Job Title and Describe Your Work	Weekly Pay	
	Start Last:	
	Reason for Leaving	

Company Name (5)	Telephone (xxx-xxx-xxxx)	
Address	Employed (State Month & Year)	
Name of Supervisor	From To:	
State Job Title and Describe Your Work	Weekly Pay	
	Start Last:	
	Reason for Leaving	

Company Name (6)	Telephone (xxx-xxx-xxxx)	
Address	Employed (State Month & Year)	
Name of Supervisor	From To:	
State Job Title and Describe Your Work	Weekly Pay	
	Start Last:	
	Reason for Leaving	

We may contact the employers listed above unless you indicate those you do not want us to contact.	DO NOT CONTACT (Enter Employer # 's and Reason):
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MILITARY

Complete this section if you served in the U.S. Armed Forces.

Describe your duties and any special training:	Branch of Service	
	Period of Active Duty (Month & Year)	
	From To:	
	Rank at Discharge:	
	Date of Final Discharge (mm/dd/yy):	

REFERENCES

Name	Title or Position
Name	Title or Position
Name	Title or Position

SIGNATURE

I hereby declare the information provided by me in this Application for Employment is true, correct, and complete to the best of my knowledge.

I understand that if employed, any misstatement or omission of fact on this application shall be considered cause for dismissal.

I understand that if I am offered a position with the company, the offer may be conditioned on my undergoing a physical exam and assessment of my ability to perform the essential functions of my position.

Date (mm/dd/yy)	Signature