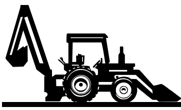

Bob Hull, Inc.

Employment Application

Applicant Information

Full Name: ______________________________ Date: ____________
Last *First* *M.I.*

Address: ______________________________
Street Address *Apartment/Unit #*

____
City *State* *ZIP Code*

Phone: ( ) ____________ E-mail Address: ____________

Date Available: ________ Social Security No.: ________ Desired Salary: $ ________

Position Applied for: ______________________________

Are you employed now? YES ☐ NO ☐ If employed and under 18, can you furnish a work permit? YES ☐ NO ☐

Are you a citizen of the United States? YES ☐ NO ☐ If no, are you authorized to work in the U.S.? YES ☐ NO ☐

Have you ever worked for this company? YES ☐ NO ☐ If so, when? ____________

Do you have a valid driver's license in this state? YES ☐ NO ☐ License # ____________

Have you ever been convicted of a felony? YES ☐ NO ☐

If yes, explain: ______________________________

Can you perform the essential functions of the job(s) for which you are applying? YES☐ NO☐

Are you available to work: Full-Time☐ Part-Time☐ Over-Time ☐

This company is an equal employment opportunity employer. All applicants will be considered without regard to age, color, national origin, religion, disability, sex or other protected status in accordance with applicable federal and state equal employment opportunity laws. This company will strive to accommodate any physical or mental limitations of employees or applicants in order to accomplish the essential functions of a job.

Education

High School: ____________ Address: ____________

From: ________ To: ________ Did you graduate? YES ☐ NO ☐ Degree: ____________

College: ____________ Address: ____________

From: ________ To: ________ Did you graduate? YES ☐ NO ☐ Degree: ____________

Other: ____________ Address: ____________

From: To: Did you graduate? YES ☐ NO ☐ Degree:

Special Skills, Qualifications and Considerations:

Summarize special skills and qualifications, volunteer activities, military experience, employment or other activities related to the job your are seeking:

References

Please list three professional references.

Full Name: ____________________ Relationship: ____________________

Company: ____________________ Phone: ( )

Address: ____________________

Full Name: ____________________ Relationship: ____________________

Company: ____________________ Phone: ( )

Address: ____________________

Full Name: ____________________ Relationship: ____________________

Company: ____________________ Phone: ( )

Address: ____________________

Previous Employment

Company: ____________________ Phone: ( )

Address: ____________________ Supervisor: ____________________

Job Title: ____________________ Starting Salary: $ __________ Ending Salary: $ __________

Responsibilities: ____________________

From: __________ To: __________ Reason for Leaving: ____________________

May we contact your previous supervisor for a reference? YES ☐ NO ☐

Company: ____________________ Phone: ( )

Address: ____________________ Supervisor: ____________________

Job Title: ____________________ Starting Salary: $ __________ Ending Salary: $ __________

Responsibilities: ____________________

From: __________ To: __________ Reason for Leaving: ____________________

May we contact your previous supervisor for a reference? YES ☐ NO ☐

Company: ____________________ Phone: ( )

Address: ____________________ Supervisor: ____________________

Job Title: ____________________ Starting Salary: $ __________ Ending Salary: $ __________

Responsibilities: ____________________

From: __________ To: __________ Reason for Leaving: ____________________

May we contact your previous supervisor for a reference? YES ☐ NO ☐

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY BEFORE SIGNING THIS APPLICATION. ONLY THOSE APPLICATIONS THAT ARE SIGNED AND DATED ARE CONSIDERED VALID. IF YOU HAVE ANY QUESTIONS REGARDING THIS STATEMENT, PLEASE ASK THEM BEFORE SIGNING.

I certify that all answers and statements I have made on this application (and resume or other supplementary materials) are true and complete without omissions. I understand that any false information will result in a refusal to hire or immediate discharge if I am employed. I authorize any of the persons or organizations named in this application to give you complete information and records regarding my employment, education, character and qualifications. ☐ YES ☐ NO

If hired I will be responsible for familiarizing myself with all rules and regulations of Bob Hull, Inc. as they presently exist or are later modified. *If hired, I understand my employment can be terminated, at the discretion of the company or at my option, without notice, at any time, except as specifically set forth in writing in a current individual employment agreement, which I have entered into with the company* . ☐ YES ☐ NO

I also understand that no representative of Bob Hull, Inc. has any authority to enter into any employment agreement for any specified period of time, or to assure me of any future position, benefits, or terms and conditions of employment, except as specifically stated in a current written agreement signed by the President. ☐ YES ☐ NO

I understand this application is not an offer of employment and no promises or representations of employment have been made to me at this time. ☐ YES ☐ NO

By signing below, I authorize Bob Hull, Inc. to investigate all statements contained in this employment application as they may deem necessary in arriving at an employment decision. I further authorize Bob Hull, Inc. to order one or more consumer reports containing financial, driving record, and/or other information about me from a consumer reporting agency. I understand that the consumer report(s) will be requested and used for the purpose of evaluating me for employment, promotions, transfers, and/or retention as an employee.

I have read, understand, and agree with the above.

______________________________________ ________________

Signature of Applicant **Date**

This application is valid for only ninety (90) days from the date I signed. If I want to be considered for job openings more than (90) days from date signed, I will submit a new application.

Applicant's Name____

Social Security # _______________________

		Check One	Explain
1.	TUBERCULOSIS	☐ NO ☐ YES	
2.	CANCER	☐ NO ☐ YES	
3.	ASTHMA	☐ NO ☐ YES	
4.	EMPHASEMA	☐ NO ☐ YES	
5.	DIABETES	☐ NO ☐ YES	
6.	MENTAL DISORDER	☐ NO ☐ YES	
7.	NERVOUS DISORDER	☐ NO ☐ YES	
8.	POLIO	☐ NO ☐ YES	
9.	HERNIA	☐ NO ☐ YES	
10.	MULTIPLE SCLEROSIS	☐ NO ☐ YES	
11.	EPILEPSY	☐ NO ☐ YES	
12.	ULCERS	☐ NO ☐ YES	
13.	ARTHRITIS	☐ NO ☐ YES	
14.	LUNG CONDITION/DISEASE	☐ NO ☐ YES	
15.	HEART CONDITION/DISEASE	☐ NO ☐ YES	
16.	KNEE PROBLEMS	☐ NO ☐ YES	
17.	FINGERS OR TOES MISSING	☐ NO ☐ YES	
18.	LOSS OF HEARING	☐ NO ☐ YES	
19.	LEAD POISONING	☐ NO ☐ YES	
20.	LOSS OF SIGHT	☐ NO ☐ YES	
21.	KIDNEY TROUBLE	☐ NO ☐ YES	
22.	SKIN DISEASE	☐ NO ☐ YES	
23.	ALLERGIES	☐ NO ☐ YES	
24.	STROKE	☐ NO ☐ YES	
25.	SHOULDER INJURY	☐ NO ☐ YES	
26.	BAD JOINTS	☐ NO ☐ YES	
27.	BACK SURGERY	☐ NO ☐ YES	
28.	BACK INJURY/TROUBLE	☐ NO ☐ YES	

29. A. HAVE YOU EVER RECEIVED SERIOUS INJURIES IN AN ACCIDENT?
    B. EXPLAIN

30. HAVE YOU EVER RECEIVED WORKERS COMPENSATION MEDICAL AND/OR SALARY COMPENSATION? EXPLAIN

31. MILITARY SERVICE DISSABILITY?
32. LIST ANY OTHER ILLNESS OR PHYSICAL CONDITION NOT MENTIONED ABOVE.

I have read the above, know and understand my answers made to the question and I declare that all of my answers are true. Complete and correct to the best of my knowledge. If requested I will furnish a doctor's statement regarding any condition which I have listed on this questionnaire.

____ ________________
Applicant Signature Date