

# Hefco Enterprises Inc.

## Application for Employment

In compliance with all know Federal and State equal employment and opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status or handicap.

**Note: All applicants may be required to submit to a drug/alcohol screen. Any positive result will void any offer. Some positions will require a physical examination as required by law.**

### General Information

Date of Application:	How Referred:
Position Applied for:	Desired Wage:

Full Name:	Social Security Number:
Address:	Home Phone Number: Cell Phone Number:

### If Different from Above:

Permanent Address:	Home Phone Number: Cell Phone Number:
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### In Case of Emergency Notify:

Full Name:	Relationship
Address:	Home Phone Number: Cell Phone Number:

### Education and Training

School Name	Field of Study	Level of Completion	GPA	Last Date Attended

Fields of study or interest. \_\_\_\_\_  
Special skills or training. \_\_\_\_\_  
Length of experience in position applied for. \_\_\_\_\_

### Past Employment

Provide information related to past employers, most recent first for the last three years minimum.

If more room needed, attach a separate page with the same information.

Employer Name	Address	Position Held	Wage	Reason for Leaving	Dates Employed

### References

Give names of three references you have known for at least one year, who are not related to you

Name	How Acquainted	Phone Number	Business	Years Known

### Military Service

Branch of Service	Total Service	Highest Rank Held	Job Title	Type of Discharge

### Drivers License

Class of License(s)	Operator Number	Restrictions (if any)	State Issued	Expiration Date

Have you ever been convicted for driving while intoxicated or under the influence? Yes No

In the last five years, has your license been suspended or revoked? Yes No

### Other Information

Have you been employed by Hefco Enterprise Inc. before? Yes No When?

Do you have relatives/friends working here? Yes No Who?

Can you perform the essential functions of the position that you are applying for? Yes No

Can you make available, the basic safety equipment tools and equipment for the position you are applying?

Yes No

### Legal

Have you ever plead guilty to, or been convicted of any felony? Yes No

Have you ever plead guilty to, or been convicted of any misdemeanor resulting in incarceration of thirty days or more? Yes No

Do you have any outstanding warrants or cases pending? Yes No

Have you ever declared or filed for personal bankruptcy? Yes No

Are you currently involved in litigation? Yes No What?

If injured, will you be willing to accept treatment at facilities recommended by Hefco? Yes No

# AGREEMENT

I understand that employees are hired on a projects only basis and when that project is completed my job will be terminated and I may not be offered employment on another job or project. I further understand that either I or my employer may, with or without cause, terminate employment at any time during my employment.

I understand Hefco Enterprises Inc. has a drug and alcohol free work place program. All final offers of employment are contingent upon results of drug screening. Random tests and tests for suspicion, as well as tests involving medical treatment (pre and post), may be required. I am required to report the use of any prescription drugs to my direct supervisor. Should I refuse or fail to submit a sample, or otherwise violate this program, I know I may be subject to immediate termination and loss of all benefits.

I agree to abide by all safety rules, programs, policies and regulations of Hefco Enterprises Inc., those of its clients, those of any involved property owner, and regulating agencies. I will report any and all injuries regardless of size or extent, whether I request medical treatment or not, the day they occur to my direct supervisor. Failure to do so may result in non-treatment. Employees will report any unsafe condition to the attention of their direct supervisor. No employee will work in or knowingly allow others to work in such a condition, until the unsafe condition is remedied.

I hereby authorize Hefco Enterprises Inc. to make reasonable inquiries into my personal, financial, and/or medical histories that this employer deems necessary to arrive at an employment decision. I agree to release any and all documents related to medical treatment I may receive during my employment to my employer. I further agree to hold harmless any entity, person or otherwise, from any action as a result of having provided this information.

In signing this document, I certify that all answers and information provided is true, to the best of my knowledge and belief. I understand that any false or misleading answers, regardless of date of discovery, may be grounds for immediate termination and loss of all benefits.

All employees must furnish proof of identity and social security card upon employment. This identification will be legible and will be copied for inclusion in the employee file.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Interviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

Impressions: \_\_\_\_\_

Consideration for: \_\_\_\_\_  
Position Location Rate

To report by: \_\_\_\_\_ Department: \_\_\_\_\_

Report to: \_\_\_\_\_ Site Location: \_\_\_\_\_