



APPLICATION FOR EMPLOYMENT

Hayes Manufacturing is an Equal Employment Opportunity (EEO) company. We are dedicated to a policy of nondiscrimination in employment on ANY basis including race, creed, color, age, sex, religion, national origin, or physical handicap.

(PLEASE PRINT)

PERSONAL INFORMATION

REFERRED BY (IF APPLICABLE): _____ DATE: _____

NAME: _____
LAST FIRST MIDDLE

PRESENT ADDRESS: _____
STREET CITY STATE ZIP

PERMANENT ADDRESS: _____
STREET CITY STATE ZIP

PHONE NO.: _____ SOCIAL SECURITY NO.: _____ - _____ - _____

EMPLOYMENT DESIRED

POSITION: _____ DATE YOU CAN START: _____ DESIRED SALARY: _____

ARE YOU CURRENTLY EMPLOYED? _____ IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? _____

HAVE YOU EVER APPLIED TO HAYES BEFORE? _____ IF SO, DATE: _____

EDUCATION	NAME AND LOCATION OF SCHOOL	YEARS ATTENDED	GRADUATED?	DEGREE
GRAMMAR SCHOOL	_____	_____	_____	_____
HIGH SCHOOL	_____	_____	_____	_____
COLLEGE	_____	_____	_____	_____
TRADE OR BUSINESS SCHOOL	_____	_____	_____	_____

SPECIAL SKILLS OR CERTIFICATIONS: _____

PRIOR MILITARY SERVICE? _____ IF SO, RANK: _____ MEMBER OF RESERVE OR NATIONAL GUARD? _____

Doc. ID#: HMC-FRM-HR-010	Author: UNK
Revision: 00	Approval: Site Management Representative
Effective Date: 10 OCT 14	Approver: Brian Lawson
Page 1 of 2	

FORMER EMPLOYMENT

(LIST BELOW YOUR LAST FOUR (4) EMPLOYERS, STARTING WITH MOST RECENT)

DATE (MONTH & YEAR)	NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NO. OF SUPERVISOR	SALARY	POSITION	REASON(S) FOR LEAVING
FROM:						
TO:						
FROM:						
TO:						
FROM:						
TO:						
FROM:						
TO:						

REFERENCES GIVE BELOW, THE NAMES OF TWO PERSONS (NOT RELATED TO YOU) WHOM YOU HAVE KNOWN FOR AT LEAST ONE (1) YEAR.

NAME	ADDRESS	BUSINESS	YEARS ACQUAINTED

I HEREBY AUTHORIZE AND REQUEST ANY AND ALL OF MY FORMER EMPLOYERS AND ANY OTHER PERSON, FIRM, AGENCY, OR CORPORATION TO FURNISH ANY AND ALL INFORMATION CONCERNING MY CREDIT-WORTHINESS, PERSONAL BACKGROUND, CRIMINAL AND DRIVING RECORD(S), AND HEREBY RELEASE EACH EMPLOYER OR OTHER PERSON, FIRM, AGENCY OR CORPORATION FROM ANY AND ALL LIABILITY BY REASON OF FURNISHING THE REQUESTED INFORMATION. I UNDERSTAND THAT IN CONNECTION WITH THIS APPLICATION, A CONSUMER REPORT AND/OR AN INVESTIGATIVE CONSUMER REPORT MAY BE REQUESTED WHEREBY INFORMATION IS OBTAINED THROUGH PERSONAL INTERVIEWS WITH MY NEIGHBORS, FRIENDS, OR ASSOCIATES OR WITH OTHERS WITH WHOM I AM ACQUAINTED OR WHO MAY HAVE KNOWLEDGE WITH RESPECT TO MY CHARACTER, GENERAL REPUTATION, PERSONAL CHARACTERISTICS, AND MODE OF LIVING, AND HEREBY AUTHORIZE THE PROCUREMENT OF ANY SUCH REPORT. I UNDERSTAND THAT, UPON MY REQUEST, I HAVE THE RIGHT TO KNOW IF ANY SUCH REPORT WAS REQUESTED AND, IF SO, THE NAME AND ADDRESS OF THE CONSUMER REPORTING AGENCY THAT FURNISHED SUCH REPORT BY CONTACTING SUCH AGENCY. I ALSO UNDERSTAND THAT I HAVE THE RIGHT TO RECEIVE A COMPLETE AND ACCURATE DISCLOSURE OF THE NATURE AND SCOPE OF THE INFORMATION REQUESTED IF I REQUEST SUCH DISCLOSURE WITHIN A REASONABLE PERIOD OF TIME.

I UNDERSTAND THAT, IF EMPLOYED: 1) ANY MISREPRESENTATION OR OMISSION OF FACTS REQUESTED IN THIS APPLICATION IS CAUSE FOR DISMISSAL, AND 2) MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND I MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT PRIOR NOTICE.

SIGNATURE OF APPLICANT: _____ **DATE:** _____

FOR OFFICE USE ONLY

INTERVIEWED BY: _____ DATE: _____ REMARKS: _____

NEATNESS		CHARACTER	
PERSONALITY		ABILITY	

HIRED	FOR DEPT.	POSITION	WILL REPORT	SALARY
APPROVED: 1)	_____	2)	_____	3)
	EMPLOYMENT MANAGER		DEPT. HEAD	GENERAL MANAGER

In case of Emergency, notify: _____
NAME ADDRESS PHONE NO.

Doc. ID#: HMC-FRM-HR-010	Author: UNK
Revision: 00	Approval: Site Management Representative
Effective Date: 10 OCT 14	Approver: Brian Lawson