



Employment Application

An Equal Opportunity Employer

It is the policy of Huntleigh USA Corporation to conform to the laws of the United States and the many states in which it operates and not to discriminate against applicants or employees with regard to their race, age, color, religion, national origin, sex, sexual orientation, military service, or disability. Upon advance request Huntleigh USA Corporation will provide reasonable accommodations to applicants during the selection process.

PERSONAL

| | | |
|----------------------------|---------------------------|--------------------------|
| Name (Last, First, Middle) | Social Security Number | Date |
| Present Street Address | Apt. No. | Area Code & Phone Number |
| City | State | Zip |
| Nickname(s) or Alias(es) | Maiden Name | |
| Email Address | Alternate Phone Number(s) | |

Position Desired _____ Minimum Salary Acceptable _____

How Did You Hear About This Position? _____

How Much Notice Is Required Before You Can Accept Employment? _____

Will You Work Shifts? AM PM Overtime _____ Part-Time _____ Temporary _____

Have You Ever Applied For A Position With Huntleigh USA Before? If Yes, Give Date(s) And Position(s): _____

Have You Ever Worked For Huntleigh USA Before? If Yes, When, Where and What Position: _____

Do You Have A Valid Drivers License? _____ State _____ Number _____

Are You Legally Authorized To Work In The USA? _____

Do You Have Any Relatives Working For Huntleigh USA? _____ Name(s) _____ Relationship(s) _____

Military Dates of Service _____ Branch _____ Rank _____

Have you ever been convicted of a felony? _____ If yes, nature of conviction _____

If yes, list date(s) _____ State & County _____

SPECIAL SKILLS

In What Languages Are You Proficient? _____

Typing Speed _____ Types of Computer Software Used _____

Types of Computer Hardware Used _____

Other skills _____

EDUCATION

| | School Name | City/State Phone Number | Grades Attended (Circle) | Did You Graduate? | Degree/Diploma Received & Year Graduated | Verification (Huntleigh use only) |
|--------------------------|-------------|----------------------------|--------------------------------|---|--|---|
| Elementary School | | | K 1 2 3 4 5 6 | | | |
| Middle School | | | 7 8 | | | |
| High School Or GED | | | 9 10 11 12 | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| College or University | | | 1 2 3 4 | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Other | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

Note: Copy of diploma, high school transcript or GED Certificate must be received.
Copy of Military DD214 form showing education is acceptable

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EMPLOYMENT RECORD

Start with your present or most recent employer. List **ALL** full-time and part-time employment during the last 10 years. Please explain any periods of unemployment in excess of 30 days in between employers. Use an additional sheet if necessary.

May we contact your present employer? Yes No

| | | |
|--|---|---|
| From ___ / ___ / ___ To ___ / ___ / ___ Final Salary: _____ Dept: _____ | Company Name _____ Address _____ City _____ State _____ Zip _____ Phone Number _____ | Position _____ Supervisor _____ Reason for leaving _____ |
| From ___ / ___ / ___ To ___ / ___ / ___ | Activity (Unemployed, Travel, Seeking Employment, etc.) | Name of Reference Who Can Confirm (non-relative) _____ Phone _____ |
| From ___ / ___ / ___ To ___ / ___ / ___ Final Salary: _____ Dept: _____ | Company Name _____ Address _____ City _____ State _____ Zip _____ Phone Number _____ | Position _____ Supervisor _____ Reason for leaving _____ |
| From ___ / ___ / ___ To ___ / ___ / ___ | Activity (Unemployed, Travel, etc.) | Name of Reference Who Can Confirm (non-relative) _____ Phone _____ |
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| From ___ / ___ / ___ To ___ / ___ / ___ Final Salary: _____ Dept: _____ | Company Name _____ Address _____ City _____ State _____ Zip _____ Phone Number _____ | Position _____ Supervisor _____ Reason for leaving _____ |
| From ___ / ___ / ___ To ___ / ___ / ___ | Activity (Unemployed, Travel, etc.) | Name of Reference Who Can Confirm (non-relative) _____ Phone _____ |

Please describe any experience, training or education you have that you believe qualifies you for the position for which you are applying: _____

CERTIFICATION AND AGREEMENT

I certify that all information on this application is true and correct. I authorize Huntleigh USA Corporation to contact the previous employer(s), and educational institution(s) I have listed, and I authorize them to provide any information requested by Huntleigh USA and waive any claims based on the provision of lawful information. I also certify that I have accounted for all of my work experience and training on this application. I understand and agree that any misrepresentation, falsification, or omission on this application is sufficient cause to refuse me an offer of employment or to terminate my employment.

I understand that an employment verification and background check will be conducted and that I may be required to submit to a fingerprint-based criminal history background check.

I understand that if I am employed, such employment is for an indefinite period of time and that Huntleigh USA and I have the right to terminate the employer-employee relationship at any time, with or without advance notice and with or without cause.

I understand that if I am offered employment, Huntleigh USA will require me to produce certain documents within three business days of my hire date in order to comply with the Immigration Reform and Control Act of 1986. I further understand that any offer of employment is contingent upon providing the appropriate documents.

I understand that depending on the position for which I am being hired, a job-related physical examination and/or testing for the use and/or abuse of drugs may be required before my employment offer can become final. In addition, I understand that I may be periodically asked to submit to a random testing for drugs. It is Huntleigh USA’s policy not to employ persons who use illegal drugs or abuse drugs and alcohol. Should I be employed by Huntleigh USA, I agree as a condition of employment or continued employment to submit to job-related medical examination by a physician named by Huntleigh USA at such time(s) as Huntleigh USA may request.

I have read and understand all of the above.

Date _____ Signature _____