



Application for Employment

PLEASE TYPE OR PRINT IN INK			Today's Date	
First Name	MI	Last Name		Last 4 Digits of Social Security Number
Current Address			How long at this address?	
City	County	State		ZIP Code
Daytime Telephone		Home Telephone		Email Address
Position for which you are applying		Date available for work		What is your salary/hourly expectations?
Circle the following options you would consider Full-time Part-Time Temporary			Are there specific times you cannot work?	
Specify days and hours you are available to work. Monday_____Tuesday_____Wednesday_____Thursday_____Friday_____Saturday_____Sunday_____				
Can you perform the duties of the job you are applying for?				
Are you subject to any type of agreement with a current or former employer or entity that would restrict your ability to work at Hartman Companies?				
Can you, after employment, submit verification of your legal right to work in the United States? Yes No				

Education & Training

	SCHOOL NAME	CITY AND STATE	DEGREE/DIPLOMA MAJOR COURSE OF STUDY	DEGREE RECEIVED? Yes or No
High School				
GED				
Colleges*				
Graduate School				
Trade School				

Indicate School and Last Name(s) Used at Time of Graduation *Only list colleges or universities accredited by the Department of Education.				
List coursework undertaken of degree/diploma received from an unaccredited college, as well as any other education, training, special skills or certificates/licenses that you possess related to the job.				
Professional License/Certification #	Professional License/Certification Type	Issuing Agency	State Issued	Expiration Date
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Applicants applying for driving positions please fill out the following:

If you are applying for a position which involves driving a motor vehicle in the course and scope of the employment duties, please indicate whether you have a valid driver's license in this state. Yes No
Select additional licenses that you have. Operator _____ Commercial (CDL) type _____
Provide Driver's License Number:

Employment History (List all work experience beginning with the present or most recent job. Hartman Companies will contact all previous employers to verify your employment. Please list your current or most recent employer first and indicate whether you are currently employed in the boxes provided. Hartman Companies will not contact your current employer without permission. You may also include any volunteer and/or military work. You may add additional sheets if needed.)

Name of Employer		Type of Business		
Address	City	State	ZIP Code	
Title		Type of Employment	Part-Time	Full-Time
Supervisor Name		Supervisor Phone Number		
May we contact Yes No	Start date (month/year)	End date (month/year)		
Brief Description of Duties		Reason for leaving		
Name of Employer		Type of Business		
Address	City	State	ZIP Code	
Title		Type of Employment	Part-Time	Full-Time
Supervisor Name		Supervisor Phone Number		
May we contact Yes No	Start date (month/year)	End date (month/year)		
Brief Description of Duties		Reason for leaving		
Name of Employer		Type of Business		
Address	City	State	ZIP Code	
Title		Type of Employment	Part-Time	Full-Time

Supervisor Name	Supervisor Phone Number		
May we contact Yes No	Start date (month/year)	End date (month/year)	
Brief Description of Duties		Reason for leaving	

Business References (List three individuals and indicate how you know them.)

Name	Occupation/Association	Telephone	Email Address

Agreement

I hereby affirm that the information provided on this application (and accompanying resume, if any) is true and complete to the best of my knowledge. I also agree that falsification or significant omission of information requested in this application or in the application process may disqualify me from further consideration for employment and may be considered justification for dismissal if discovered at a later date.

I authorize all persons listed above (and on accompanying resume, if any) to give Hartman Companies Management any and all information concerning my previous employment and education and any pertinent information they may have, personal or otherwise, and release all parties, such persons and Hartman Companies, from liability for any damage that may result from furnishing such to Hartman Companies Management.

Drug Testing: I understand and agree that, subject to applicable law, I may be required to take a drug and alcohol screening test, before being hired, or accept random testing while employed at Hartman Companies. I also understand that if I test positive for the presence of drugs or alcohol, I will be ineligible for employment with the company.

Sign and Date the Form

Applicant's Signature	Date Signed (mm/dd/yyyy)
Print Full Name	Last 4 Digits of Social Security No.