

EMPLOYMENT APPLICATION

Habegger is an Equal Opportunity Employer. Persons are recruited, hired, assigned and promoted without regard to race, national origin, religion, age, color, sex, sexual orientation, gender identity, disability or protected veteran status, or any other characteristic protected by local, state or federal laws, rules or regulations. It is the policy of Habegger to provide reasonable accommodations for employees or applicants for employment. If you need assistance or accommodations in the application process please inform Habegger of such need. Employment opportunities will not be denied to anyone because of the need to make reasonable accommodations. Questions on this application form are designed to meet Habegger's policy as an Equal Opportunity Employer

Please answer all questions completely. Please do not provide any information not specifically requested on this Employment Application form.

PERSONAL			
Last Name	First Name	Middle	
Address			
City	State/Province		
Country	Zip/Postal Code		
Home Phone ()	Work Phone ()	
Cell/Mobile Phone ()	Other Phone ()	
Email			
Position(s) Applied For			
Are you eligible to work in the U.S.? □Yes □No			
Are you age 18 or over? □Yes □No			
Willing to Relocate? ☐ Yes ☐ No			
How did you hear about us?			
Are you available to work? □Full-time □ Part-Time □Shift Work			
Do you have a reliable method of transportation to and from work? \Box Yes \Box No			
Are you willing to work on weekends? □Yes □No			
Are you willing to work overtime? □Yes □No			
Can you travel if the job requires it? □Yes □No			

Date Available to Start: Desired Salary:			
Have you ever been previously en	nployed here? □Yes □No		
f yes, list dates employed: From:		_ To:	
Have you filed an Application with	Habegger before? □Yes □	□No If yes, date	
Do you have any relatives employ	ed by this organization? □Ye	s □No	
f yes, give name and title:			
EDUCATION			
1. High School			
School/Institution Name			
City	State/Province	Country	
Did you Graduate? □Yes □N	o ☐ Currently Enrolled		
Major/Area of Study	GPA	Degree	
2. College/University			
School/Institution Name			
City	State/Province	Country	
Did you Graduate? □Yes □N	o ☐ Currently Enrolled		
Major/Area of Study	GPA	Degree	
3. Graduate School			
School/Institution Name			
City	State/Province	Country	
Did you Graduate? □Yes □N	o ☐ Currently Enrolled		
	ODA	Degree	

4. Business/Trade School			
School/Institution Name			
City	State/Province	Country	
Did you Graduate? □Yes □No	☐ Currently Enrolled		
Major/Area of Study	GPA	Degree	
5. Other			
School/Institution Name			
City	State/Province	Country	
Did you Graduate? □Yes □No	☐ Currently Enrolled		
Major/Area of Study	GPA	Degree	
WORK EXPERIENCE			
Begin with present or most recent e	employer and list prior e	mployers	
May we contact your present emplo	oyer? □Yes □No		
1. Name of Employer			
City			
0		7. (0	
Country		Zip/Postal Code	
Dates Employed: From:		To:	
☐ Full-time ☐ Part-time ☐ Te	☐ Full-time ☐ Part-time ☐ Temporary		
Your Job Title		Phone ()	
Supervisor's Name	Sı	upervisor's Title	
Describe Major Duties			
Reason For Leaving			

2. Name of Employer	
Address	
City	State/Province
Country	Zip/Postal Code
Dates Employed: From:	To:
☐ Full-time ☐ Part-time ☐ Temporary	
Your Job Title	Phone ()
Supervisor's Name	Supervisor's Title
Describe Major Duties	
Reason For Leaving	
3. Name of Employer	
Address	
City	State/Province
Country	Zip/Postal Code
Dates Employed: From:	To:
☐ Full-time ☐ Part-time ☐ Temporary	
Your Job Title	Phone ()
Supervisor's Name	Supervisor's Title
Describe Major Duties	
Reason For Leaving	

4. Name of Employer		
Address		
City	State/Province	
Country	Zip/Postal Code	
Dates Employed: From:	To:	
☐ Full-time ☐ Part-time ☐ Temporary		
Your Job Title	Phone ()	
Supervisor's Name	Supervisor's Title	
Describe Major Duties		
Reason For Leaving		
MILITARY SERVICE		
Branch	Highest Rank Attained	
Duties	-	
Start Date E		
REFERENCES - Give the name, address and phone number of three PROFESSIONAL references.		
Name	Phone ()	
Company		
Name	Phone ()	
Company		
Name	Phone ()	
Company		

I understand and agree that if employed, I may be required to submit to future drug and/or alcohol screening should I become involved in a work-related accident and/or should my employer have reasonable suspicion that I am impaired from performing my normal job duties. I also understand and agree that if employed, I may be required to submit to a random drug screening program. I understand that failure to willingly submit to a mandated drug test will result in immediate termination. Detection of illegal use of controlled substances and/or reporting to work under the influence of alcohol will be cause for discipline up to and including termination. Providing an unsuitable sample for a mandated drug test may also be grounds for termination. I agree to waive any and all claims, whether known or unknown at this time, I may have against Habegger or any employee of said company for acting on drug and/or alcohol screen results. **Please Initial**

STATEMENT OF UNDERSTANDING

I understand that the Company will rely, in part, on the information I provide in this Employment Application in considering whether to hire me. I understand that it is important that I provide complete and accurate information and certify that I have done so. If the Company discovers at any time that I failed to completely and honestly provide any information requested of me in this Employment Application or during the interview process, I understand that my application will no longer be considered or, if I am working for the Company, that I will be subject to disciplinary action, up to and including termination of employment.

I authorize the Company to contact my references, former employers, and educational institutions except as I have indicated otherwise on this application, and to investigate all statements I have made herein and I release both the Company and all parties contacted from any liability related to such investigation.

I recognize that the Company's willingness to receive my application for employment does not necessarily mean there are any positions currently available and agree that such acceptance does not obligate the Company in any way.

I understand that if an offer of employment is made to me, it shall be contingent upon my completion of a physical examination, which may include any and all tests and procedures, including a drug screen and criminal background check, determined by Habegger to be helpful in evaluating my suitability for employment.

I understand that certain positions may require me to sign an employee agreement. My refusal to sign the agreement will result in withdrawing the offer of employment.

I understand that in connection with my candidacy for employment with the Company, the Company will not inquire about or otherwise prompt me to disclose my salary history. I further understand that I may voluntarily disclose my salary history (in whole or in part) to the Company and I consent to the Company's verification of my salary history should I receive an offer of employment.

If I am employed, I agree to abide by Company policies, rules and regulations. I also recognize that my employment unless otherwise specified in writing in a document signed by both me and the President and/or CEO of Habegger is not for any fixed duration, that the Company reserves the right to make changes in my job from time to time, and that both the Company and I have the freedom to terminate the employment relationship "at will" at any time.

Signature	Date
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