



Overhead Employment Application Form

** PLEASE COMPLETE ALL PAGES AND ATTACH RESUME			Date:
Last Name:	First:	Middle:	Social Security Number:
Street Address:		Apt #:	Primary Phone:
City, State, Zip Code:		Secondary Phone:	
How long have you lived there?		Email Address:	
Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please list age: _____			
Are you legally eligible for employment in the U.S.A? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Position Applied For:	Pay Range Desired: <i>(Be specific)</i>	Date you can start:	
Can you perform the essential functions of the position for which you are applying? If not, please explain <i>(if you have any questions as to what functions are applicable to the position for which you are applying, please ask the interviewer before answering this question):</i> _____			
Days/Hours Available to Work: <input type="checkbox"/> No preference <input type="checkbox"/> Monday-Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday <input type="checkbox"/> Nights <input type="checkbox"/> Other: _____			
How many hours can you work weekly? _____	Employment Desired: <input type="checkbox"/> Full-Time Only <input type="checkbox"/> Part-Time Only <input type="checkbox"/> Full or Part Time <input type="checkbox"/> Temporary		
Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, why are you leaving? _____			
Have you ever been discharged or asked to resign from a job? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain: _____			
Languages spoken fluently: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other: _____		Languages read and written: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other: _____	
Have you ever applied with this company before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when? _____			
Have you ever been convicted of a crime? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain <i>(include number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation):</i> _____ _____ _____			
Do you have reliable means of transportation to work? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain: _____		Do you have a Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No	

MILITARY EXPERIENCE

Have you ever served in the Armed Forces? Yes No

Are you now a member of the National Guard?

If yes: Specialty: _____ Date Entered: _____ Discharge Date: _____

EDUCATION AND TRAINING

Level	Name of School	City/State	Course of Study	No. Years Completed	Degree or Diploma (list if graduated)
High School					
College					
Trade or Business School					
Professional School					

Other Certifications or Special Training:

Computer Skills: List your typing/computer skills, to include WPM and various programs you have used –

REFERENCES

Please list two (2) references other than relatives or previous employers

Name:	Name:
Position:	Position:
Company:	Company:
Address:	Address:
Telephone Number:	Telephone Number:

EMPLOYMENT HISTORY

Please list your work experience for the past five (5) years beginning with your most recent job held. If you were self-employed, give firm name. **Attach additional sheets if necessary**If this information is included on your resume, please note to see resume**

1. Company Name:	Name of Supervisor:
Address and Telephone:	Employment Dates: From: _____ To: _____
Job Title:	Pay or Salary: Start: _____ Final: _____

Work Performed: (list the jobs you held, duties performed, skills used or learned, and advancements or promotions while you worked at this company. If this information is included on your resume, please note to see resume.)

Reason for Leaving (be specific):

2.	Company Name:	Name of Supervisor:
Address and Telephone:		Employment Dates: From: _____ To: _____
Job Title:	Pay or Salary: Start: _____ Final: _____	
Work Performed: <i>(list the jobs you held, duties performed, skills used or learned, and advancements or promotions while you worked at this company. If this information is included on your resume, please note to see resume.)</i>		
Reason for Leaving (be specific):		
May we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Acknowledgement and Waiver

In exchange for the consideration of my job application by HB Management Group, Inc. and Subsidiaries (hereinafter called "the Company"), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of the Company, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the President /Designated Representative of the Company. Both the undersigned and the Company may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I understand that failure to reveal any prior employer, or giving false or misleading information by me on any part of this application for employment can result in disqualification for employment consideration or, if hired, may be ground for termination from the company or its' subsidiaries.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contract.

I also understand that (1) the Company has a drug and alcohol policy; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing for cause under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations.

I understand that, in connection with the routine processing of my employment application, the Company may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, the Company, will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act. You may also seek information concerning my employment history, motor vehicle record, education background, civil litigation history, and/or criminal record.

I further understand that my employment with the Company shall be under initial review for a period of ninety (90) days, and further that at any time during the initial review period or thereafter, my employment relation with the Company is terminable at will for any reason by either party.

Signature of Applicant

Printed Name

Date

This Company is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, veteran status, age, disability, or any other characteristic protected by law. We assure you that your opportunity for employment with this Company depends solely on your qualifications. Thank you for completing this application form and for your interest in our Company.



AFFIRMATIVE ACTION FORM ACCION AFIRMATIVA

Date/Fecha: _____

Completion of the below information is voluntary.

We consider all applicants for positions without regard to race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve/national guard or any other similarly protected status. We also comply with all applicable laws governing employment practices and do not discriminate on the basis of any unlawful criteria. To be completed by applicant on a voluntary basis. Please be advised that this survey is not a part of your official application for employment. It will not be used for interview purposes or for any hiring decision. This form will be filed separately from the application. The information will be used and kept confidential in accordance with applicable laws and regulations. In an effort to comply with requirements regarding government record-keeping, reporting and other legal obligations that may apply, we invite you to complete this applicant data survey. Providing this information is **STRICTLY VOLUNTARY**. Failure to provide this information will not subject you to any adverse personnel decision or action. Your cooperation is appreciated.

Completar la siguiente información es voluntario.

Nosotros consideramos a todos los aplicantes para posiciones sin tomar en cuenta la raza, color, religión, sexo, origen, ciudadanía, edad, discapacidades físicas o mentales, veterano/reserva/guardia nacional ó cualquier otro estatus similar protegido. También nosotros acatamos con todas las leyes de gobierno aplicables a la práctica de empleo y no discriminamos en base a un criterio que este al margen de la ley. Para ser llenado por el solicitante de manera voluntaria. Por favor note que esta encuesta no es parte de su solicitud oficial para el empleo. No será usada para propósitos de entrevista o cualquier tipo de decisión que afecte su contratación. Esta forma será llenada a parte de su solicitud. La información será usada y se mantendrá en estricta confidencialidad en concordancia con las leyes y regulaciones respectivas. En un esfuerzo para concordar con todos los requerimientos de gobierno para llevar un archivo, reportes y otras obligaciones legales que se puedan aplicar, lo invitamos a llenar esta forma. El proveer esta información no lo hará sujeto a ningún decisión adversa en cuanto a su decisión ó acción que se emprenda. El proveer esta información es **ESTRICTAMENTE VOLUNTARIO**. El declinar a entregar esta información no lo hace sujeto a ninguna decisión adversa en su contra. Apreciamos su cooperación.

PLEASE PRINT LEGIBLY/ POR FAVOR ESCRIBA CON LETRAS LEGIBLES

Name/ Nombre: _____
LAST/APELLIDO FIRST/NOMBRE M.I./SEGUNDO

Social Security/Seguro Social: _____ / _____ / _____ Phone Number/ Teléfono: (_____) _____ - _____

Address/ Dirección : _____
STREET/CALLE CITY/CIUDAD STATE/ESTADO ZIP/CODIGO POSTAL

Position Applied for/ Posición para la que solicita: _____

SEX/SEXO: Male/Masculino Female/Femenino

Please check one of the following Equal Employment Opportunity Identification Groups:

Por favor marque uno de los siguientes grupos de identificación de oportunidad de empleo equitativo:

- Hispanic/ Hispano
- White (not of Hispanic origin)/Blanco (no de origen Hispano)
- Black (not of Hispanic origin)/Negro (no de origen Hispano)
- American Indian-Alaskan Native/ Indio Americano-Nativo de Alaska
- Asian-Pacific Islander/ Asiático-De las islas del pacífico

Please check one of the following referral sources/Por favor marque una de las siguientes referencias:

- Walk-In/Preguntó en el edificio
- Friend-Relative/Amigo-Pariente
- Internet (which one): _____ Internet (cual): _____
- Newspaper (which one): _____ Periódico (cual): _____
- Other: _____ Otro: _____

APPLICANT'S SIGNATURE/FIRMA DEL SOLICITANTE _____
DATE/FECHA



CONSENT TO CRIMINAL BACKGROUND CHECK CONSENTIMIENTO DE ANTECEDENTES PENALES

Date/Fecha: _____

I have been informed that the Company will conduct a criminal background check for employment purposes. I understand that a prior criminal conviction will not necessarily make me ineligible for employment. However, failure to consent to a criminal background check may lead to disciplinary action including and up to termination and/or may disqualify me from employment. I hereby consent to a criminal background check prior to, at the beginning of, or at any time during my term employment, and authorize the release of the report and any other information to the company. I hereby release the company, its divisions, affiliates and associates, and anyone acting on their behalf from any and all claims or liabilities of any nature arising from or related to the preparation of the information contained in the criminal background reports and the disclosure of such information for employment purposes.

Se me ha informado que la Compañía llevará a cabo una verificación de antecedentes penales por motivos laborales. Entiendo que una condena penal previa no necesariamente me hará que no sea elegible para el empleo. Sin embargo, la falta de dar su consentimiento para una verificación de antecedentes penales puede dar lugar a la acción disciplinaria, y hasta incluyendo la terminación y / o me puede descalificar de empleo. Doy mi consentimiento para una verificación de antecedentes penales antes, al comienzo de, o en cualquier momento durante mi empleo, y autorizo la publicación del reporte o de cualquier otra información de la empresa. Libero a la compañía, sus divisiones, afiliados y asociados, y cualquier persona que actúe en su nombre de cualquier y todos los derechos u obligaciones de cualquier naturaleza derivados de o relacionados con la preparación de la información contenida en los informes de antecedentes penales y la divulgación de tales la información en efecto al empleo

First Name/Primer Nombre: _____ Last Name/Apellido: _____

M.I./Segundo: _____ Maiden Name:(if applicable)/Apellido Materno:(Si es Aplicable): _____

Date of Birth/ Fecha de Nacimiento: _____ / _____ / _____

Social Security/ Seguro Social: _____ - _____ - _____ Sex (Circle one)/Sexo (Circule Uno): M F

1. List the all the Addresses you have lived in the past 7 years/Las direcciones donde a vivido en los ultimo 7 años

Current Street Address/Dirección Actual: _____ Apt #/# de Apto : _____

City/Ciudad: _____ State/Estado: _____ Zip/CodigoPostal: _____ From/De: _____ To/Hasta: _____

2. List the all the Addresses you have lived in the past 7 years/Las direcciones donde a vivido en los ultimo 7 años

Street Address/Dirección: _____ Apt #/# de Apto : _____

City/Ciudad: _____ State/Estado: _____ Zip/CodigoPostal: _____ From/De: _____ To/Hasta: _____

3. List the all the Addresses you have lived in the past 7 years/Las direcciones donde a vivido en los ultimo 7 años

Street Address/Dirección: _____ Apt #/# de Apto : _____

City/Ciudad: _____ State/Estado: _____ Zip/CodigoPostal: _____ From/De: _____ To/Hasta: _____

SIGNATURE/FIRMA

Applicant/Employee Signature/Firma Del Solicitante/Empleado

Date/Fecha