APPLICATION FOR EMPLOYMENT

Hughes Companies, Inc.

We consider applications for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, martial or veteran status, sexual orientation, or any other legally protected status.

(PLEASE PRINT) How Did You Learn About Us? Advertisement Friend Walk-in Relative ___ Employment Agency Other: Date of Application Position (s) Applied for Last Name First Name Middle Name Address City State Zip Code Social Security Number Telephone ___:___ am/pm Best time to contact you at home is: Have you ever filed an application with us before? ___ yes ____ no If Yes, give date_____ ___yes ___no Have you ever been employed with us before If Yes, give date _____ Are you currently employed? ____ Yes ____ No If yes can we contact? If you are under 18 years of age, can you provide required Proof of your eligibility of work? ____ Yes ____ No Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Yes No Proof of citizenship or immigration status will be required upon employment. On what date would you be available for Work? ____ Full Time ____ Part Time ____ Shift Work ___ Temporary Are you available to work: Are you currently on a "lay-off" status and subject to recall? ____ Yes ____ No ____ Yes ____ No Have you been convicted of a felony within the last 7 years? Conviction will not necessarily disqualify an applicant for employment If yes, please explain

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

	Name of School	Course of	Years	Diploma or
School	and Address	Study	Completed	Degree
High School				
Undergraduate				
College				
Graduate				
Professional				
Other				
(Specify)				

EMPLOYMENT HISTORY

Start with your present or last job first. Include any job-related and military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origins, disabilities or other protected status.

Employer	<u>Date Employed</u>	Worked Performed
	From:	
	To:	
Street Address	City, State Zip Code	
Telephone Number(s)	Hourly Rate/Salary	
	Begin: End:	
Job Title:	Supervisor	Reason for Leaving
Employer	Date Employed	Worked Performed
	From:	
	To:	
Street Address	City, State Zip Code	
Telephone Number(s)	Hourly Rate/Salary	
	Start: Finish:	
Job Title:	Supervisor:	Reason for Leaving
Employer	Date Employed	Worked Performed
	From:	
	To:	
Street Address	City, State Zip Code	
Telephone Number(s)	Hourly Rate/Salary	
	Begin: End:	
Job Title:	Supervisor:	Reason for Leaving

If you need additional space, please continue on a separate sheet of paper

Describe any specialized training, apprenticeship, skills and extra-curricular activities.
Other Qualifications: Summarize special job-related skills and qualifications acquired from employment or other experience.
Specialized Skills (Skills/Equipment Operated):
·
State any additional information you feel may be helpful to us in considering your application.
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PERSONAL/PROFESSIONAL REFERENCES Do not include family members or past supervisors.

Name	Phone Number	Occupation	Years Known
1.			
2.			
3			
4.			
5.			

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements in this application for employment as may be necessary in arriving to a decision in terms of my employment status.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquires as to whether or not applications are being accepted at this time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In event of employment, I understand the false or misleading information given in my Application or interview (s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant	Date

FOR PERSONNEL USE ONLY			
Arrange Interview	Yes No		
Remarks:			
Employed Yes N	No Date of Employment		
Job Title Hourly Rate/Salary			
By:Name & Title	Date		