



HUMAN RESOURCES
 201 North Illinois St. 16th Floor
 Indianapolis, In 46204
 Phone: (833)388-8008
 hr@holonusa.com

EMPLOYMENT APPLICATION

INSTRUCTIONS: ALL APPLICATIONS FOR EMPLOYMENT MUST BE SUBMITTED USING THIS APPLICATION FORM. YOUR APPLICATION MUST BE COMPLETED, DATED AND SIGNED, AND RETURNED TO THE HUMAN RESOURCES OFFICE ON OR BEFORE THE FILING DEADLINE SPECIFIED IN THE EMPLOYMENT ANNOUNCEMENT. **YOUR APPLICATION MUST BE COMPLETED IN SUFFICIENT DETAIL TO ALLOW COMPREHENSIVE REVIEW AND EVALUATION OF YOUR QUALIFICATIONS FOR THE POSITION APPLIED FOR.**

Position you are applying for:

Department:

Name:
Last First Middle

Mailing Address:

Street City State Zip

Work Phone Home Phone Cell Phone

Email Address:

May we contact you at your work phone number? YES NO

YES NO

- Are you a citizen of the United States or, if not, are you legally authorized to work in the United States?
 • If offered employment, you will be required to submit identification in accordance with INS rules and regulations.

- As an adult have you ever been convicted of a misdemeanor or felony (including arrests that resulted in diversion)? If yes, please state below the nature, date, and jurisdiction of each conviction, or diversion. (The incidents will be evaluated for each position and are not necessarily disqualifying.)

- Normally, new employees are hired at the first step of the salary range. If you are offered this position, would you be willing to start at step one of the salary range?

Please indicate (X) which of the following types of work you are willing to accept:

- Regular full-time
- Regular part-time
- Temporary
- Irregular (No guaranteed hours)

REFERENCES (Work Related or personal who are **not** related to you and are **not** previous supervisors)

1.			
	NAME	PHONE	YEARS KNOWN
2.			
	NAME	PHONE	YEARS KNOWN
3.			
	NAME	PHONE	YEARS KNOWN

HOLON AGING SOLUTIONS IS AN EQUAL OPPORTUNITY EMPLOYER

Holon Aging Solutions does not discriminate on the basis of race, color, national origin, age, gender, sexual orientation, marital status, religion, political affiliation, physical or mental disability, or any other basis prohibited by State of Indiana, federal or local law.

EDUCATION AND TRAINING:

Do you have a high school diploma, GED or equivalent? YES NO

Please list all colleges, universities, military, trade, business or other schools attended.

NAME AND LOCATION OF SCHOOL	MAJOR OR TYPE OF TRAINING	NUMBER OF YEARS COMPLETED	DEGREE OR CERTIFICATE OBTAINED

LICENSES/CERTIFICATES: List driver license or other licenses or certificates you possess as required by the position applied for.

TITLE	NUMBER	ISSUING AGENCY	DATE ISSUED/DATE OF EXPIRATION

ADDITIONAL INFORMATION:

List professional, trade, business or civic associations and any offices held. EXCLUDE MEMBERSHIPS THAT WOULD REVEAL RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, CITIZENSHIP, AGE, MENTAL OR PHYSICAL DISABILITIES, OR ANY OTHER SIMILARLY PROTECTED STATUS.

ORGANIZATION	OFFICE HELD

List special accomplishments such as: publications and awards. EXCLUDE MEMBERSHIPS THAT WOULD REVEAL RACE, COLOR RELIGION, SEX, NATIONAL ORIGIN, CITIZENSHIP, AGE, MENTAL OR PHYSICAL DISABILITIES, OR ANY OTHER SIMILARLY PROTECTED STATUS.

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Provide additional information you would like us to consider.

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EXPERIENCE:

Beginning with your present or most recent job, list in chronological order, your complete work experience including paid and volunteer positions, military and intern experience. Attach separate sheets if necessary. The information provided must be complete and accurate. Explain any gaps in employment in Comments section on the next page.

NOTE: A resume may be submitted but will not be accepted as a substitute for completing is section.

<u>Name and Address of Employer:</u>		<u>Supervisor's Name, Title, Phone Number:</u>	
		Name:	
		Title:	
		Phone #:	
		May We Contact?	
YOUR POSITION TITLE:			
		YOUR DUTIES AND RESPONSIBILITIES:	
From:			
To:			
Monthly Salary:			
<input type="checkbox"/> VOLUNTEER			
Total Years / Mos:		REASON FOR LEAVING:	

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		Title:	
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		YOUR DUTIES AND RESPONSIBILITIES:	
From:			
To:			
Monthly Salary:			
<input type="checkbox"/> VOLUNTEER			
Total Years / Mos:		REASON FOR LEAVING:	

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		Name:	
		Title:	

		Phone #:
		May We Contact?
YOUR POSITION TITLE:		
		YOUR DUTIES AND RESPONSIBILITIES:
From:		
To:		
Monthly Salary:		
<input type="checkbox"/> VOLUNTEER		
Total Years / Mos:	REASON FOR LEAVING:	

Comments INCLUDING EXPLANATION OF ANY GAPS IN EMPLOYMENT _____

SKILLS/ABILITIES: List any skills/abilities you have that are pertinent to the position for which you are applying.

CERTIFICATION, AUTHORIZATION AND RELEASE: *I certify that all information on this Application is accurate, complete and true to the best of my knowledge. I understand that any information that is found to be false, inaccurate, incomplete or misrepresented in any respect will be sufficient cause to (i) cancel further consideration of this application, or (ii) immediately discharge me from the employer's service when it is discovered.*

I expressly authorize, without reservation, Holon Aging Solutions, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities, and education institutions and to otherwise verify the accuracy of all information provided by me in this application, resume' or job interview. I hereby waive any and all rights and claims I may have regarding Holon Aging Solutions, its agents, employees or representatives for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that Holon Aging Solutions does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only 90 days. At the conclusion of that time, if I have not heard from Holon Aging Solutions and still wish to be considered for employment, it will be necessary to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and Holon Aging Solutions reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of Holon Aging Solutions is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the Board of Directors.

Signature _____ Date _____

**APPLICANT AUTHORIZATION
FOR
REFERENCE CHECKS**

I hereby authorize my past employers to release information to Holon Aging Solutions regarding my employment. This release of information covers my employment record in general, including information on the following questions:

1. Dates of employment;
2. Position(s) held;
3. The quality and quantity of my work;
4. My attendance habits (excluding workers' compensation, pregnancy, disability FMLA and other protected absences);
5. My relationship with co-workers, supervisors and managers;
6. My attitude toward work (cooperative? positive? etc.);
7. Reason for leaving and eligibility for rehire (would the employer rehire if they had to do it all over again?);
8. Willingness to comply with policies and standards;
9. Strong and weak points;
10. Whether I have had outbursts of temper, threatened, provoked fights with or assaulted others, engaging in hostile or violent behavior;
11. Other relevant information regarding my performance, skills, ability, and suitability for employment sought, etc.

I agree that all former employers who provide such information are indemnified and released from liability arising from such disclosures. I also understand that if I do not sign this Authorization, my application will be rejected.

Print Name

Signature

Date

**Holon Aging Solutions
Equal Opportunity Employer**

We consider all applicants for positions without regard to race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, 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. Not for interview purposes. To be filed separately from application.

In an effort to comply with requirements regarding government record keeping, reporting and other legal obligations which may apply, we invite you to complete this applicant data survey. Providing this information is **STRICTLY VOLUNTARY**. Failure to provide it will not subject you to any adverse personnel decision or action. Your cooperation is appreciated.

Please be advised that this survey is *not* a part of your official application for employment. It will not be used in any hiring decision. The information will be used and kept confidential in accordance with applicable laws and regulations.

POSITION APPLIED FOR:

NAME:

SEX: Male Female

DISABLED: YES NO

ETHNIC IDENTIFICATION:

- American Indian or Alaskan Native
- Hispanic
- Asian or Pacific Islander
- Black
- White

How did you learn about this position?