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# EMPLOYMENT APPLICATION

An Equal Opportunity Employer

DATE
POSITION APPLYING FOR

FIRST NAME	MIDDLE NAME	LAST NAME	SOCIAL SECURITY NO.
ADDRESS			TELEPHONE NO.
CITY		STATE	ZIP CODE
WERE YOU EVER EMPLOYED BY THIS COMPANY?	<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHEN?	DATE AVAILABLE
AVAILABLE TO WORK			
<input type="checkbox"/> PART TIME <input type="checkbox"/> FULL TIME <input type="checkbox"/> RESTRICTIONS:			

## UNITED STATES MILITARY SERVICE

PRESENT MILITARY STATUS	BRANCH	RANK

## EDUCATION, TRAINING AND SKILLS

EDUCATION	NAME & LOCATION OF SCHOOL	SUBJECTS STUDIED	YEARS ATTENDED	DIPLOMA / DEGREE
HIGH SCHOOL				
COLLEGE				
TRADE / BUSINESS				
SPECIAL TRAINING / COURSES				

## ADDITIONAL QUALIFICATIONS FOR CONSIDERATION OF EMPLOYMENT

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## WORK EXPERIENCE

EMPLOYMENT DATES (Start with most recent)	NAME AND ADDRESS OF EMPLOYER	JOB TITLE	TYPE OF WORK PERFORMED	WAGES	REASON FOR LEAVING
1	FROM	NAME	JOB TITLE	STARTING \$	
	TO	ADDRESS	PHONE NO.	FINAL \$	
		CITY	SUPERVISOR		
2	FROM	NAME	JOB TITLE	STARTING \$	
	TO	ADDRESS	PHONE NO.	FINAL \$	
		CITY	SUPERVISOR		
3	FROM	NAME	JOB TITLE	STARTING \$	
	TO	ADDRESS	PHONE NO.	FINAL \$	
		CITY	SUPERVISOR		
4	FROM	NAME	JOB TITLE	STARTING \$	
	TO	ADDRESS	PHONE NO.	FINAL \$	
		CITY	SUPERVISOR		

May we inquire of present or past employers?    YES    NO   REQUESTS: \_\_\_\_\_

## REFERENCES

GIVE BELOW THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST TWO YEARS.

NAME	PHONE NUMBER	OCCUPATION	YEARS KNOWN

## APPLICANT'S STATEMENT

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 90 days. Any applicant wishing to be considered for employment beyond this time should inquire as to whether or not applications are being accepted at that 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 in writing by an authorized executive of this organization.

In the event of employment, I understand that 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.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Application Date