

Employment Application

Programs, services, and employment are equally available to everyone. Please inform the Human Resources Department if you require reasonable accommodation for the application or interview.	Date of interview (Month/Day/Year) ____/____/____
Applicant Data	Position Applied for:
How were you referred to us:	

Personal Information

Full Name:			
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Address:	City:	State:	Zip:
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Home Phone:	Mobile Phone:	Email:	
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Date Available to Start:		Salary Requirements:	
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If you are under 18 years of age, can you provide a work permit? Yes No If no, please explain:			
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Type of employment desired:	Full-Time	Part-Time	Temporary Seasonal
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Education

School Name	Address	Degree Acquired
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Special Skills, Qualifications and Considerations:

Summarize special skills and qualifications, military experience or other activities related to the job you are seeking.

Previous Employment (begin with most recent position)

Dates of Employment	From	To	Position(s) Held:
Company Name:			
Address:	City:	State:	Zip:
Phone:	Supervisor:	Title:	
Responsibilities:			
Reason for Leaving:			

May we contact this employer for a reference?	Yes	No
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Dates of Employment	From	To	Position(s) Held:
Company Name:			
Address:	City:	State:	Zip:
Phone:	Supervisor:	Title:	
Responsibilities:			
Reason for Leaving:			

May we contact this employer for a reference?	Yes	No
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Dates of Employment	From	To	Position(s) Held:
Company Name:			
Address:	City:	State:	Zip:
Phone:	Supervisor:	Title:	
Responsibilities:			
Reason for Leaving:			

May we contact this employer for a reference?	Yes	No
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References

Please list three (3) nonrelatives who are familiar with your work history, qualifications and abilities.

Name	Occupation/Relationship	Years Known	Phone Number

PLEASE READ THE FOLLOWING STATEMENT CAREFULLY BEFORE SIGNING THIS APPLICATION. ONLY THOSE APPLICATIONS THAT ARE SIGNED AND DATED ARE CONSIDERED VALID. IF YOU HAVE ANY QUESTIONS REGARDING THIS STATEMENT, PLEASE ASK THEM BEFORE SIGNING.

I certify that all answers and statements I have made on this application (and résumé or other supplementary materials) are true and complete without omissions. By signing below, I authorize Hayworth-Miller Funeral Home to investigate all statements contained in this employment application as they may deem necessary in arriving at an employment decision. I understand that any false information provided by me will likely result in a refusal to hire or immediate discharge if I am employed. I authorize any of the persons or organization named in this application to give you complete information and record regarding my employment, education, character and qualifications.

If hired I will be responsible for familiarizing myself with all rules and regulations of Hayworth-Miller Funeral Home as they presently exist or are later modified. *If hired, I understand my employment can be terminated, at the discretion of Hayworth-Miller Funeral Home or at my option, following terms in the employee handbook.*

I also understand that no representative of Hayworth-Miller Funeral Home has any authority to enter into any employment agreement for any specified period of time, or to assure me of any future position, benefits, or terms and conditions of employment, except as specifically stated in a written agreement signed by an officer of Hayworth-Miller Funeral Home.

I understand this application is not an offer of employment and no promises or representations of employment have been made to me at this time.

I have read, understand, and agree with the above.

Signature of Applicant

Date

This application is valid for only ninety (90) days from the date I signed. If I want to be considered for job opening more than ninety (90) days from date signed, I will submit a new application.