

Employment Application

(PRE-EMPLOYMENT QUESTIONNAIRE / HORGEN IS AN EQUAL OPPORTUNITY EMPLOYER)



Horgen Personnel Consultants, LLC

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Date Social Security Numer

Name

Address

City State Zip Code

Home Phone # Cell Phone #

Are you 18 years or older Yes, No

What foreign languages do you speak fluently?

Read Yes, No Write Yes, No

Personal Email

Work Email

CAN YOU, BEFORE AND AFTER EMPLOYMENT, SUBMIT VERIFICATION OF LEGAL RIGHT TO WORK IN THE US?* Yes, No

IF HIRED, WOULD YOU HAVE RELIABLE TRANSPORTATION TO AND FROM WORK?* Yes, No

HAVE YOU BEEN CONVICTED OF A FELONY OR MISDEMEANOR WITHIN THE LAST 5 YEARS?**

No, Yes DESCRIBE

*THE AGE DISCRIMINATION IN EMPLOYMENT ACT OF 1967 PROHIBITS DISCRIMINATION ON THE BASIS OF AGE WITH RESPECT OF INDIVIDUALS WHO ARE AT LEAST 40 BUT LESS THAN 70 YEARS OF AGE WITH RESPECT OF INDIVIDUALS WHO ARE AT LEAST 40 BUT LESS THAN 70 YEARS OF AGE.
**YOU WILL NOT BE DENIED EMPLOYMENT SOLELY BECAUSE OF A CONVICTION RECORD, UNLESS THE OFFENSE IS RELATED TO THE JOB FOR WHICH YOU HAVE APPLIED.

EMPLOYMENT DESIRED

Desired position Date you can start work

Are you employed now? Yes, No

Desired Yearly Salary For Direct-Hire \$

Are you available to work MON - FRI? Yes, No

Are you available to work SAT & SUNI? Yes, No

Have you ever applied at Horgen Personnel before? Yes, No If so, when did you apply? DATE:

Are you open to temporary assignments? yes, no

Are you open to Temp-to-Hire assignments? yes, no

What is your minimum Pay per Hour for temporary assignments? \$

What is your minimum PAY PER HOUR for temp-to-hire assignments? \$

Continue on the next page

EDUCATION	Name of School and Complete Mailing Address	No. Years Completed	Major or Degree
High School			
College			
Graduate School			
Trade School or Skill Training			

QUALIFICATIONS & SKILLS [PLEASE FILL THE BOXES THAT APPLY FOR YOUR SKILL SET]

OFFICE SKILLS		LIGHT INDUSTRIAL	
<input type="checkbox"/> MS Word	<input type="checkbox"/> Data Entry / Alpha	<input type="checkbox"/> General Warehouse	<input type="checkbox"/> Mechanical Assembly
<input type="checkbox"/> MS Excel	<input type="checkbox"/> Data Entry / Numeric	<input type="checkbox"/> Shipping / Receiving	<input type="checkbox"/> Electronic Assembly
<input type="checkbox"/> MS PowerPoint	<input type="checkbox"/> Faxing	<input type="checkbox"/> Order Picking	<input type="checkbox"/> Soldering
<input type="checkbox"/> MS Outlook	<input type="checkbox"/> Copying	<input type="checkbox"/> Hand Packaging	<input type="checkbox"/> Forklift
<input type="checkbox"/> MS Access	<input type="checkbox"/> Filing - Alpha / Numeric	<input type="checkbox"/> Assembly Line Exp.	<input type="checkbox"/> Quality Control

Other Skills:

Computer: PC Mac Both

Applications (list all that apply):

GENERAL SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK

U.S. Military Service Yes, No Branch of Service:

Present membership in National Guard or Reserves Yes, No

FORMER EMPLOYERS [Please enter your most recent employer first]

1.

Name of Employer:

Name of last supervisor:

Dates of employment:

From: **To:**

Salary:

From: **To:**

Complete Address:

Phone #:

Last job title:

Reason for Leaving (be specific):

List the jobs you held, duties performed, skills used or learned, advancements, or promotions while you worked at this company:

May we contact your employer: yes no

2.

Name of Employer:

Name of last supervisor:

Dates of employment:

From:

To:

Salary:

From:

To:

Complete Address:

Phone #:

Last job title:

Reason for Leaving (be specific):

List the jobs you held, duties performed, skills used or learned, advancements, or promotions while you worked at this company:

May we contact your employer: yes no

3.

Name of Employer:

Name of last supervisor:

Dates of employment:

From:

To:

Salary:

From:

To:

Complete Address:

Phone #:

Last job title:

Reason for Leaving (be specific):

List the jobs you held, duties performed, skills used or learned, advancements, or promotions while you worked at this company:

May we contact your employer: yes no

PHYSICAL RECORD:

Do you have any physical limitations that preclude you from performing any work for which you are being considered? Yes, No
If "Yes", what can be done to accommodate your limitation?

IN CASE OF EMERGENCY, NOTIFY

NAME	CITY	PHONE NO.

"I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND AND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL.

Initial

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE AND RELEASE ALL PARTIES FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM FURNISHING SAME TO YOU.

Initial

I UNDERSTAND AND AGREE THAT, IF HIRED, MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT ANY PRIOR NOTICE."

Initial