



APPLICATION FOR EMPLOYMENT

We encourage applications from qualified individuals with disabilities. Please print clearly with ink.

Today's Date: _____

PERSONAL

Name: Last: _____ First: _____ Middle: _____

Current Mailing Address: Number and street _____

City _____ State _____ Zip _____

Telephone Number: Day: () _____ Evening: () _____ Email: _____

Type of work for which you are applying

Type of employment you want

Position Desired: _____ Full-time Part-time

What hours are you available to work each week? _____

Minimum income requirements: _____ Date available for work: _____

Social Security Number: _____ Are you eligible to work in the United States? Yes No

Are you at least 18 years old? Yes No

Have you ever been convicted of a felony? Yes No

If yes, list date and place _____

Have you applied before? Yes No If so, when? _____

By whom were you referred? _____

MILITARY

Branch of U.S. Service: _____ Date Entered: _____

Date Discharged: _____ Highest Rank Attained: _____

List any special training received: _____

EDUCATION

Last High School and Address: _____

Highest Grade Completed: _____ Diploma or GED? Yes No

Course or Field of Study _____

Business or Technical School and Address: _____

Years Completed: _____ Certificate Obtained: _____

College School location (city & state) Major field of study Credits Degree

Academic honors, awards or special recognition: _____

Other high school, correspondence, home study or courses not listed above: _____

Do you have any objection to our contacting your previous schools? Yes No

If yes, please explain. _____

EMPLOYMENT RECORD

List most recent employer first. Include all former employers and self employment.

Current Employer's Name and Phone number Supervisor's name Supervisor's job title

Employer's Address, City State Start pay / End pay Reason for leaving
Describe duties: Salary _____ per _____ Bonus / Incentive _____

Job title _____ Dates of Employment - Start _____ End _____

May we contact? Yes No Month / Year Month / Year

Previous Employer's Name and Phone number Supervisor's name Supervisor's job title

Employer's Address, City State Start pay / End pay Reason for leaving
Describe duties: Salary _____ per _____ Bonus / Incentive _____

Job title _____ Dates of Employment - Start _____ End _____

May we contact? Yes No Month / Year Month / Year

Previous Employer's Name and Phone number Supervisor's name Supervisor's job title

Employer's Address, City State Start pay / End pay Reason for leaving
Describe duties: Salary _____ per _____ Bonus / Incentive _____

Job title _____ Dates of Employment - Start _____ End _____

May we contact? Yes No Month / Year Month / Year

Previous Employer's Name and Phone number Supervisor's name Supervisor's job title

Employer's Address, City State Start pay / End pay Reason for leaving
Describe duties: Salary _____ per _____ Bonus / Incentive _____

Job title _____ Dates of Employment - Start _____ End _____

May we contact? Yes No Month / Year Month / Year

SKILLS ASSESSMENT

Please rate your skill on the following using **1)** not able to, must learn, **2)** able to after coaching and time to practice, **3)** able to do with very little assistance, **4)** able to do with no assistance needed, **5)** able to teach and support others.

Software	Assessment	Specific Experience/Application Used
Office Suite	_____	_____
Windows	_____	_____
Word	_____	_____
PowerPoint	_____	_____
Excel	_____	_____
Outlook	_____	_____
Access	_____	_____
Act /Contact Mgt	_____	_____
Explorer	_____	_____

Application	Assessment	Specific Experience/Application Used
Internet / Email	_____	_____
Transferring data between Office programs	_____	_____
Designing Data Bases	_____	_____
Creating Database Reports	_____	_____
Creating Spreadsheets	_____	_____
Database Marketing	_____	_____

Describe expertise in making presentations to individuals and groups. _____

Describe your ability and expertise in creating letters, in editing correspondence, writing documents and proposals.

Success Levels – What are the levels of success you have achieved and what do you attribute it to, especially in sales? _____

Sales Levels for past years (if applying for Sales position):

Year	Revenue	Gross Profit	Rank on sales team	Comparison to expectations
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

REFERENCES

Please provide the names of five references who know you in a work environment who are not listed above as supervisors.

1 Name _____ **Phone number** _____ **Occupation or position** _____
Company, institution, or organization _____
How long has reference known you? _____ Under what circumstances has reference known you? _____

2 Name _____ **Phone number** _____ **Occupation or position** _____
Company, institution, or organization _____
How long has reference known you? _____ Under what circumstances has reference known you? _____

3 Name _____ **Phone number** _____ **Occupation or position** _____
Company, institution, or organization _____
How long has reference known you? _____ Under what circumstances has reference known you? _____

4 Name _____ **Phone number** _____ **Occupation or position** _____
Company, institution, or organization _____
How long has reference known you? _____ Under what circumstances has reference known you? _____

5 Name _____ **Phone number** _____ **Occupation or position** _____
Company, institution, or organization _____
How long has reference known you? _____ Under what circumstances has reference known you? _____

I certify that the information contained in this application and supplements for the position I am applying for is true and complete to the best of my knowledge. I understand that misrepresentation or omission of facts requested on this application is cause for rejection of this application and supplements or for subsequent dismissal from employment. I authorize an investigation of any of the facts set forth in this application. I give permission to check my educational background, references, professional license, criminal record, driving record, and credit record and release any and all persons, companies, or agencies responding to such investigation from any liability for any damage due to releasing information pertaining hereto. I understand I will be required to provide information for compliance with the Immigration Reform and Control Act. I understand that I may be required to have a physical examination, drug test, and pre-employment evaluation. I understand and agree that my employment with the company is entered into voluntarily and I may resign at any time.

Signature _____ **Date** _____

Application will be active for ninety (90) days.

APPLICATION FORM WAIVER

In exchange for the consideration of my job application by Hendrix Business Systems, Inc. (hereinafter called "the Company"), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements and the like as they may exist from time to time or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of Hendrix Business Systems, Inc. or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the President/General Manager of the Company. Both the undersigned and Hendrix Business Systems, Inc. may end the employment relationship at any time, without specified notice or reason. If employed I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references and others and hereby release the Company from any ability as a result of such contract.

I also understand that (1) the Company has a drug and alcohol policy that provides for pre-employment testing as well as testing after employment; (2) Consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations.

I understand that, in connection with the routine processing of your employment application, the company may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics and mode of living. Upon written request from me, the Company will provide me with additional information concerning the nature and scope of any such report requested by it as required by the Fair Credit Reporting Act.

I further understand than my employment with the Company shall be probationary for a period of ninety (90) days and further that at any time during the probationary period or thereafter, my employment relation with the Company is terminable at will for any reason by either party.

Signature of applicant: _____ Date: _____

This Company is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this company depends solely on your qualifications.