

# THE HITCHCOCK GROUP EMPLOYMENT APPLICATION

This is a web-based form you can complete now within your browser. After completion you can email this form to us by one of two methods:

1. Send the completed form to us as an attachment by clicking the "Envelope" icon on the Reader toolbar and emailing to: [debbie@teamhitchcock.com](mailto:debbie@teamhitchcock.com)
2. Save the completed form as a .pdf file to your computer and email the file as an attachment to: [debbie@teamhitchcock.com](mailto:debbie@teamhitchcock.com)
3. Print out both the **EMPLOYMENT APPLICATION** and the **RELEASE AUTHORIZATION** and bring along for interview.

**HITCHCOCK ENTERPRISES, INC. D/B/A THE HITCHCOCK GROUP** is an equal opportunity employer and does not discriminate against otherwise qualified applicants on the basis of race, color, creed, religion, ancestry, age, sex, marital status, national origin, disability or handicap, or veteran status.

**This application for employment is good for 60 days only.  
Consideration for employment after 60 days requires a new application.**

Position(s) Applied For: \_\_\_\_\_ Date of Application: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name: \_\_\_\_\_  
Last Name First Name MI

Address: \_\_\_\_\_  
Street City State Zip Code

Email Address: \_\_\_\_\_

Telephone Number(s): \_\_\_\_\_ Cell Phone Number \_\_\_\_\_ Best Time To Call \_\_\_\_\_

How did you hear about us?

Advertisement (Please let us know where) \_\_\_\_\_

Employment Agency  Friend/Relative  Other \_\_\_\_\_

Walk In

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes  No

Do you have a legal right to be employed in the United States? Yes  No

*Note: Proof of citizenship or immigration status will be required upon employment. (An I-9 Form must be completed).*

Have you ever filed an application with us before? Yes  No  If yes, when \_\_\_\_\_

Have you ever been employed here before? Yes  Dates: \_\_\_\_\_ No

Are you currently employed? Yes  No  May we contact your present employer? Yes  No

Are you currently on "layoff status" and subject to recall? Yes  No

Have you ever been convicted of, or pled guilty or no contest to a misdemeanor or a felony? (An affirmative answer will not necessarily preclude employment.) Yes  No

Do you have any limitations regarding hours that you can work? Yes  No  If yes, explain \_\_\_\_\_

Do you have travel restrictions? Yes  No  If yes, explain \_\_\_\_\_

Do you have any friends or relatives employed by this company? Yes  No  If yes, list names: \_\_\_\_\_

Do you have transportation? Yes  No  When are you available to start? \_\_\_\_\_

**Do you have a current:**

First Aid Certification Yes  No  Expiration Date: \_\_\_\_\_ Certifying Agency: \_\_\_\_\_

CPR Certification Yes  No  Expiration Date: \_\_\_\_\_ Certifying Agency: \_\_\_\_\_

OSHA 10 Hour Safety Certification Yes  No

**U.S. Military Service:**

Branch of Service: \_\_\_\_\_ Length of Service: \_\_\_\_\_ Rank/Rate at Discharge: \_\_\_\_\_

Are you a member of the Armed Services Reserve? Yes  No

**Education:**

	Name & Address of School	Course of Study	Years Completed	Diploma/Degree
High School Or GED				
College				
Military				
Other (specify)				

Any other special training or skills that would benefit you in the job for which you are applying: \_\_\_\_\_

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**Employment Experience:** (If you need additional space, please continue on a separate sheet of paper.)

Start with your present or last job. **Include all employment and be complete**, including any job-related military service assignments and volunteer activities. You may exclude organizations which indicate age, race, color, religion, gender, national origin, disability or other protected status.

**Please make sure to list any and all cleaning or restoration experience.**

Name of Employer:		Address (City & State):		Area Code/Telephone:
Date Started:	Starting Salary/Wage:	Starting Position:		May we contact you at this number? Yes <input type="checkbox"/> No <input type="checkbox"/>
Date Stopped:	Ending Salary/Wage:	Position at Time of Leaving:		May we contact your present employer prior to any employment offer? Yes <input type="checkbox"/> No <input type="checkbox"/>
Name & Title of Supervisor:		Reason for Leaving:		
Brief description of your responsibilities:				

Name of Employer:		Address (City & State):		Area Code/Telephone:
Date Started:	Starting Salary/Wage:	Starting Position:		May we contact you at this number? Yes <input type="checkbox"/> No <input type="checkbox"/>
Date Stopped:	Ending Salary/Wage:	Position at Time of Leaving:		May we contact your present employer prior to any employment offer? Yes <input type="checkbox"/> No <input type="checkbox"/>
Name & Title of Supervisor:		Reason for Leaving:		
Brief description of your responsibilities:				

Name of Employer:		Address (City & State):		Area Code/Telephone:
Date Started:	Starting Salary/Wage:	Starting Position:		May we contact you at this number? Yes <input type="checkbox"/> No <input type="checkbox"/>
Date Stopped:	Ending Salary/Wage:	Position at Time of Leaving:		May we contact your present employer prior to any employment offer? Yes <input type="checkbox"/> No <input type="checkbox"/>
Name & Title of Supervisor:		Reason for Leaving:		
Brief description of your responsibilities:				

Name of Employer:		Address (City & State):		Area Code/Telephone:
Date Started:	Starting Salary/Wage:	Starting Position:		May we contact you at this number? Yes <input type="checkbox"/> No <input type="checkbox"/>
Date Stopped:	Ending Salary/Wage:	Position at Time of Leaving:		May we contact your present employer prior to any employment offer? Yes <input type="checkbox"/> No <input type="checkbox"/>
Name & Title of Supervisor:		Reason for Leaving:		
Brief description of your responsibilities:				

Comments (including explanation of any gaps in employment): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

References:		
Name	Relationship	Telephone

**Important Authorization and Understanding**

- Completeness and accuracy of information.** I represent that all of the information now or hereafter given by me in support of my application for employment is true and complete. I understand, that if I am hired, any false or misleading information in support of my application may subject me to discharge at any time during the period of my employment.
- Authorization for release of information and release from liability.** I authorize you to verify any of the information given during the application process with appropriate individuals, companies, institutions, or agencies and I authorize them to release such information as you require, including my prior disciplinary employment record, without any obligation to give me written notice of disclosure. I hereby release you and them from any liability whatsoever as a result of such inquiries and disclosures. A photocopy or other electronic reproduction of this authorization/release is binding and may be relied upon.
- Employment at will.** I understand that if I am employed, I will be an employee at will. This means that either the employer or the employee may terminate the employment relationship with or without cause at any time.
- No written, oral, or implied contracts.** I understand that any written Company documents, oral statements, or formal or informal policies are not to be construed as granting an express or implied employment contract and that I am not entitled to rely upon any such documents, statements or Company policies as stating employment terms. The employment relationship with the Company may be modified only in writing directed to me by the President of the Company.
- Benefits may be altered.** I understand the Company at its option may change, delete, suspend, or discontinue any part or parts of its benefit program at any time without prior notice, both while persons are actively employed and while retired or otherwise separated from employment with the company.
- I understand that a test for drug and alcohol misuse may be required as part of the interview process and I hereby authorize the release of test results to the company.** I hereby consent to the performance of such medical examination and testing. I waive all claims arising out of these procedures against the Company and those performing the examination and tests. I understand and consent that as a condition of continued employment, I will submit to drug and alcohol testing in the future. I authorize the release of any such subsequent testing to the Company and waive all claims against it or those performing the examination and tests. I understand that I will be subject to immediate termination for failing to submit to examination or testing.
- If an employment relationship is established,** I agree to wear or use all clothing and/or protective devices as may be required by the Company and to comply with all safety policies and procedures.

By submitting this electronic form I acknowledge that I have read and understand the above statement in its entirety, and that I accept the above terms.

\_\_\_\_\_

Do not sign now. You will be required to sign a physical copy of this form later as part of the pre-employment screening process.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Date