

# H&P TECHNOLOGIES, INC.

## EMPLOYMENT APPLICATION

H&P Technologies, Inc. (the “Company”) is an equal employment opportunity employer. All applicants will be considered without regard to age, color, national origin, religion, disability, sex or other protected status in accordance with applicable federal and state equal employment opportunity laws.

**EMPLOYMENT DESIRED**

Date: \_\_\_\_\_

Position applied for: \_\_\_\_\_

Other positions you would consider: \_\_\_\_\_

Type of employment desired:  Full-Time  Part-Time  Temporary

Date you can start: \_\_\_\_\_ Wage expected \$ \_\_\_\_\_

**PERSONAL INFORMATION**

Social Security No. \_\_\_\_\_

Name: \_\_\_\_\_  
(Last) (First) (Middle)

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

Phone number: (\_\_\_\_)\_\_\_\_ Drivers license number \_\_\_\_\_

Are you older than 18 years of age?  Yes  No

Are you a U.S. Citizen?  Yes  No

If not a U.S. Citizen, specify type of entry document: \_\_\_\_\_

Have you ever been convicted of a felony?  Yes  No

If yes, please give specifics: \_\_\_\_\_

Do you have any impairments, physical, mental or medical, which would interfere with your ability to perform the type of work for which you are applying?

Yes  No If yes, please explain: \_\_\_\_\_

**EMPLOYMENT HISTORY** (Begin with most recent. Use additional sheet if necessary)

Employed from: \_\_\_\_\_ Firm name: \_\_\_\_\_  
\_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
(No. & Street) (City/State) (Zip Code)  
Month Year  
Telephone No: (\_\_\_\_\_) \_\_\_\_\_  
TO Starting position: \_\_\_\_\_ Salary: \$ \_\_\_\_\_  
Final position: \_\_\_\_\_ Salary: \$ \_\_\_\_\_  
\_\_\_\_\_  
Month Year Name of Supervisor: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

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Employed from: \_\_\_\_\_ Firm name: \_\_\_\_\_  
\_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
(No. & Street) (City/State) (Zip Code)  
Month Year  
Telephone No: (\_\_\_\_\_) \_\_\_\_\_  
TO Starting position: \_\_\_\_\_ Salary: \$ \_\_\_\_\_  
Final position: \_\_\_\_\_ Salary: \$ \_\_\_\_\_  
\_\_\_\_\_  
Month Year Name of Supervisor: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

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Employed from: \_\_\_\_\_ Firm name: \_\_\_\_\_  
\_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
(No. & Street) (City/State) (Zip Code)  
Month Year  
Telephone No: (\_\_\_\_\_) \_\_\_\_\_  
TO Starting position: \_\_\_\_\_ Salary: \$ \_\_\_\_\_  
Final position: \_\_\_\_\_ Salary: \$ \_\_\_\_\_  
\_\_\_\_\_  
Month Year Name of Supervisor: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

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If presently employed, may we contact? \_\_\_\_Yes \_\_\_\_No.

If yes, phone no. (\_\_\_\_\_)\_\_\_\_\_ and person to contact \_\_\_\_\_

Have you ever been suspended or discharged from employment? \_\_\_\_Yes \_\_\_\_No

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

**IN CASE OF AN ACCIDENT OR EMERGENCY, PLEASE NOTIFY:**

Name: \_\_\_\_\_ Phone number (\_\_\_\_)\_\_\_\_\_

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

**EDUCATION**

	<u>School Name</u> <u>City, State</u>	<u>Number</u> <u>of years</u>	<u>Did you</u> <u>graduate?</u>	<u>Subjects Studied</u>
High School	_____	_____	_____	_____
College	_____	_____	_____	_____
Business/Trade	_____	_____	_____	_____
Other	_____	_____	_____	_____

**PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY BEFORE SIGNING THIS APPLICATION. IF YOU HAVE ANY QUESTIONS REGARDING THIS STATEMENT, PLEASE ASK THEM BEFORE SIGNING.**

The facts set forth above are true and complete. I acknowledge that any false statement or omission in answering the above questions may result in the rejection of my application or may result in immediate discharge and/or termination of employment. I hereby authorize investigation of all statements contained in this application and full disclosure of my present and prior work record. As part of such investigation, H&P Technologies, Inc. (the "Company") has my permission to contact persons who may have information relating to my qualifications for

employment. I understand that employment with the Company is contingent upon this investigation and, if employed by the Company, false statements in this application shall be considered sufficient cause for dismissal. I hereby release the Company and any prior employer from any obligation to provide me with written notification of the disclosure of my work record and I hereby release the Company, any prior employer, references and all other persons contacted from any and all damages incurred as a result of verifying the accuracy of information provided. I understand that this disclosure may include a record of disciplinary action assessed by the Company or previous employers. I further understand that certain positions offered with the Company may require a pre-employment physical examination or drug test by a physician designated by the Company and that employment with the Company may be contingent upon receipt of a satisfactory medical evaluation and/or drug test.

**I RECOGNIZE THAT THIS APPLICATION IS NOT AN OFFER FOR A CONTRACT OF EMPLOYMENT. I FURTHER RECOGNIZE AND AGREE THAT IF I AM EMPLOYED BY THE COMPANY SUCH EMPLOYMENT WILL NOT RESULT IN A CONTRACT FOR EMPLOYMENT AND THAT THE COMPANY MAY TERMINATE MY EMPLOYMENT WITH OR WITHOUT NOTICE AND WITH OR WITHOUT CAUSE AT ANY TIME. I FURTHER RECOGNIZE IF I AM EMPLOYED BY THE COMPANY, I WILL RECEIVE WAGES AND BENEFITS AND BE SUBJECT TO RULES AND REGULATIONS, BUT I AGREE THAT SUCH WAGES, BENEFITS, RULES AND REGULATIONS ARE SUBJECT TO CHANGE BY THE COMPANY AT ANY TIME WITH OR WITHOUT NOTICE TO ME. IF HIRED, I WILL FAMILIARIZE MYSELF WITH ALL RULES AND REGULATIONS OF THE COMPANY AS THEY PRESENTLY EXIST OR ARE LATER MODIFIED. I FURTHER RECOGNIZE THAT NOTHING IN ANY DOCUMENTS PUBLISHED BY THE COMPANY SHALL IN ANY WAY MODIFY THE ABOVE TERMS AND THAT THESE TERMS CANNOT BE MODIFIED IN ANY WAY OR BY ANY ORAL OR WRITTEN REPRESENTATIONS MADE BY ANYONE EMPLOYED BY THE COMPANY, EXCEPT BY A WRITTEN DOCUMENT SIGNED BY THE PRESIDENT OF THE COMPANY.**

**I AGREE THAT ANY ACTION OR SUIT AGAINST THE COMPANY ARISING OUT OF MY EMPLOYMENT OR TERMINATION OF EMPLOYMENT, INCLUDING, BUT NOT LIMITED TO, CLAIMS ARISING UNDER ANY STATE OR FEDERAL CIVIL RIGHTS STATUTES, MUST BE BROUGHT WITHIN 180 DAYS OF THE EVENT GIVING RISE TO THE CLAIMS OR BE FOREVER BARRED. I WAIVE ANY LIMITATIONS PERIODS TO THE CONTRARY.**

Dated: \_\_\_\_\_

Signature: \_\_\_\_\_