



EMPLOYMENT APPLICATION

Harford Family House (HFH) is an equal opportunity employer. We adhere to making all employment decisions without regard to race, color, religion, sex, national origin, age, disability, veteran status, marital status, citizenship, sexual orientation, physical appearance, or any other protected classification which may be applicable under the law of the particular state or locality in which you are applying for employment. No question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Equal access to employment, services, and programs is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the organization.

PERSONAL INFORMATION		
Last Name:	First Name, MI:	Date of Application:
Address:	City/State/Zip:	
Contact Number:	Email:	
Can you legally work in the United States? <input type="checkbox"/> YES <input type="checkbox"/> NO		If under 18 years old, can you furnish a work permit? <input type="checkbox"/> YES <input type="checkbox"/> NO
POSITION INFORMATION		
Position Desired:	Date Available:	Desired Pay:
Work Status Desired: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Per Diem or Temporary	Days Available to Work: <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thr <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun	
Hours Available: From _____ to _____ <input type="checkbox"/> Flexible (explain)		
License or Certification: (attach copy)	Expiration Date:	
EMPLOYMENT HISTORY		
Employer:	Position Held:	Dates Employed From: To:
Address:		
Supvr/Contact	Name:	Phone: Email:
Job Summary/Duties:		Reason for Leaving:
Employer:	Position Held:	Dates Employed From: To:
Address:		
Supvr/Contact	Name:	Phone: Email:
Job Summary/Duties:		Reason for Leaving:
Employer:	Position Held:	Dates Employed From: To:
Address:		
Supvr/Contact	Name:	Phone: Email:
Job Summary/Duties:		Reason for Leaving:



EMPLOYMENT APPLICATION

EDUCATION	
School	Degree/Course of Study

OTHER PROFESSIONAL LICENSES OR CERTIFICATIONS

OTHER SKILLS AND QUALIFICATIONS

PROFESSIONAL REFERENCES		
Name:	Contact Number:	Email:
Title:	Work Relationship:	
Name:	Contact Number:	Email:
Title:	Work Relationship:	
Name:	Contact Number:	Email:
Title:	Work Relationship:	

ACKNOWLEDGMENTS

I certify that all the information submitted by me on this application is true and complete, and I understand that if any false or misleading information, omission or misrepresentations are discovered, my application may be rejected, and if I am employed, my employment may be terminated at any time. If hired, I agree to conform to HFH rules and regulations, and I understand that these rules and the employee handbook do not form a contract of employment either expressed or implied, and I agree that my employment and compensation can be terminated with or without cause and with or without notice, at any time, either at mine or HFH's option.

I also understand and agree that the terms and conditions of my employment may be changed, with or without cause or notice by HFH. I authorize HFH, or representative of HFH to thoroughly investigate my references, work record, education, and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to HFH any and all letters, reports, and other information related to my work records, without giving me prior notice of such disclosure. In Addition, I release HFH, my former employers, and all other persons and companies from any and all claims, demands or liability for gathering and using truthful and non-defamatory information in a lawful manner.

This application remains current for 30 days.

Signature of Applicant	Date
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