



Hubbard County DAC

Bearly Used Thrift Store, Tin Ceiling, and Salvage Depot

Employment Application

Email your completed application to info@hcdac.org

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ *City State ZIP Code*

Phone: _____ Email _____

Social Security No: _____ Date Available.: _____ Desired Salary: \$ _____

Position Applied for: _____

Are you legally authorized to work in the United States? YES NO

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

References

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____
Address: _____
Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Previous Employment

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____
Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____
May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____
Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____
May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____
Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____
May we contact your previous supervisor for a reference? YES NO

Military Service

Branch: _____ From: _____ To: _____
Rank at Discharge: _____ Type of Discharge: _____
If other than honorable, explain: _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____

It is the policy of this employer to provide reasonable accommodations to the known physical and mental limitations of qualified disabled applicants and employees in order for them to perform the essential functions of the job in question.

At-Will Employment - Subject to the terms and conditions set forth below, Employee specifically acknowledges and accepts such employment on an “at-will” basis and agrees that both Employee and the Company retain the right to terminate this relationship at any time, with or without cause, for any reason not prohibited by applicable law upon notice as required by this Agreement. Employee acknowledges that nothing in this Agreement is intended to create, nor should be interpreted to create, an employment contract for any specified length of time between the Company and Employee.

The Hubbard County Development Achievement Center has the right to verify information provided in the application. False information may be grounds for rejecting this application or for dismissal following employment.

In connection with this application for employment, I authorize the Hubbard County Development Achievement Center and any agent acting on its behalf to conduct an inquiry into any job-related information contained in this application. Moreover, I hereby release the Hubbard County DAC and any agent acting on their behalf from any and all liability of any nature by reason of requesting such information from any persons or institution.

_____ Yes

_____ Yes, but not present employer until job is offered.

_____ No (we may be unable to hire you without this information)

I declare that any statement in this application or information provided is true and complete and hereby acknowledge that I have read and understand the above information.

Signature: _____ Date: _____

The Hubbard County Development Achievement Center will not discriminate against or harass any employee or applicant for employment because of race, color, creed, religion, national origin, sex, sexual orientation, disability, age, marital status, or status with regard to public assistance.