

HAVILAND COMPANIES APPLICATION

It is the Haviland Companies policy to provide equal employment opportunities in conformity with all applicable laws. This application will not be considered unless fully completed and will remain on file for 30 days from the time of completion.

Date of Application ___/___/___ Position(s) applied for: _____ Available to work ___/___/___

How did you find out about employment opportunities at Haviland? Friend Newspaper Website Other _____

Name _____ Home Phone (____) _____ - _____ Mobile Phone (____) _____ - _____

Street Address _____ City _____ State _____ Zip Code _____

Email Address _____ Are you 18 years of age or older? Yes No

Have you ever been convicted of any misdemeanor or felony? Yes No NOTE: A conviction will not necessarily be a bar to employment. Factors such as age, time of the offense, seriousness and nature of the violation, whether the offense is substantially related to applicant's ability to perform the job applied for, and rehabilitation will be taken into consideration. If yes, what & when? Please explain circumstances:

Are any of your relatives presently employed with the Company? Yes No If Yes, please list:

Relative's Name _____ Relationship _____ His/Her Work Location _____

Have you ever been employed by us? Yes No If Yes, When and Where? _____

Supervisor _____ Reason for Leaving _____

EMPLOYMENT HISTORY Please provide the following information regarding your past three (3) employers, including military services and/ or volunteer activities, beginning with your most recent assignment.

Employer 1 Name _____ Address _____ Phone (____) _____ - _____

Starting Date ___/___/___ Title _____ Wage _____ Supervisor _____

Ending Date ___/___/___ Title _____ Wage _____

What did you like about the Job _____ Reason for Leaving _____

Employer 2 Name _____ Address _____ Phone (____) _____ - _____

Starting Date ___/___/___ Title _____ Wage _____ Supervisor _____

Ending Date ___/___/___ Title _____ Wage _____

What did you like about the Job _____ Reason for Leaving _____

Employer 3 Name _____ Address _____ Phone (____) _____ - _____

Starting Date ___/___/___ Title _____ Wage _____ Supervisor _____

Ending Date ___/___/___ Title _____ Wage _____

What did you like about the Job _____ Reason for Leaving _____

SKILLS & QUALIFICATIONS Summarize any training, skills, licenses, and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying. _____

EDUCATIONAL BACKGROUND

Name and Location	Numbers of years completed	Course of Study	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No
High School			<input type="checkbox"/> Yes <input type="checkbox"/> No
College			
Other			

REFERENCES Please list three references (include former supervisors, teachers, coaches, etc. do not include relatives).

Name	Relationship	Telephone	Years Known

Have you ever signed a 'non-compete' agreement with any of your previous employers? Yes No

If Yes, write the company name _____

APPLICANT STATEMENT

The Haviland Companies, in considering my application for employment, may verify the information set forth in this application and obtain additional background information relating to my background.

I authorize all persons, schools, companies, credit bureaus and law enforcement agencies to supply any information concerning my background.

I understand and agree to take any lawful medical examination required by the Haviland Companies upon receiving a conditional offer of employment by Haviland, or after I am hired, as a condition of my continued employment. I agree that my refusal to take any such lawful examination may be cause for termination of my employment. I further understand that Haviland may require a pre-employment drug test for illegal substances, and that Haviland will not hire any applicant who tests positive or refuses to consent to pre-employment drug testing. I also understand that Haviland is a Drug-Free Workplace and I will be subject to random, post-accident and reasonable suspension drug screening.

I certify that the information on this application is correct, and I understand that my misrepresentation or omission of any information will result in my disqualification from any consideration for employment or, if employed, my dismissal. I understand that this application is not a contract, offer, or promise of employment and that, if hired, I will be able to resign at any time for any reason. Likewise, the Haviland Companies can terminate my employment at any time with or without cause. I further understand that no one other than the President of the Haviland Companies has the authority to enter into an employment contract or agreement with me, and that my at-will employment can be changed only by a written agreement signed by the President of the Haviland Companies.

I also understand that if I am hired, I will provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

I understand that this application is good only for 30 days from today's date. If I still desire a position with the Haviland Companies after this application expires, it will be my responsibility to fill out a new application and file it with Haviland. Otherwise, Haviland will not consider me for employment after this application expires.

If hired, I understand that if I quit prior to my 90 day probationary period, a \$75.00 Application Fee and any Personal Protective Equipment will be deducted from my last check.

I agree to the above statements. Yes No

Signature of Applicant _____ Date _____