



HAWK ENTERPRISES, INC.
Application for Employment

Hawk Enterprises, Inc. considers applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital status, sexual orientation, or any other legally protected status.
Hawk Enterprises, Inc. is an Equal Opportunity Employer.

Position applied for: _____

Date of this application: _____

Social Security Number: _____

Name: _____

Address: _____
Street

City State Zip Code

Home phone: _____

Other phone: _____

The following information is required for a Bona Fide Occupational Qualification (BFOQ), or dictated by the national security laws, or is needed for other legally permissible reasons:

Please circle one:

- | | | |
|---|-------|----|
| 1. Are you below the age of 18? | Yes | No |
| 2. Have you ever filed an application with our company before? | Yes | No |
| 3. Are you currently employed? | Yes | No |
| 4. May we contact your previous employer? | Yes | No |
| 5. Are you prevented from becoming lawfully employed in this country because of Visa or immigration status? | Yes | No |
| 6. On what date are you available for work? | _____ | |
| 7. Are you available to work full time? | Yes | No |
| 8. Are you currently on layoff status? | Yes | No |
| If yes, are you subject to recall? | Yes | No |

9. If the job requires it, will you travel? Yes No

10. Have you been convicted of all felony within the last 7 years? Yes No

If yes, please explain: _____

*You will not be denied employment solely because of conviction record, unless the offence is related to the job for which you have applied.

11. Do you have a valid driver's license? Yes No

If yes, what type? _____

12. If you have a Commercial Driver's License (CDL) have you:

Completed a NIDA DOT drug screen within the last 6 months? Yes No

Completed a DOT medical exam within the last 2 years? Yes No

13. List salary/ pay rate desired: _____

14. Are you currently, or have you ever been in the U.S. military or Naval Service? Yes No

If yes, provide current or past rank: _____

Education

Grammar School Name & location: _____

Years attended: _____

Did you graduate? Yes No

High School Name & location: _____

Years attended: _____

Did you graduate? Yes No

College Name & location: _____

Years attended: _____

Did you graduate? Yes No

Employment History & References

List your last 3 employers, starting with the most recent.

Employer #1:

Dates employed: From: _____ To: _____

Business name & address: _____

Position: _____ Salary/ Rate: _____

Reason for leaving: _____

Employer #2:

Dates employed: From: _____ To: _____

Business name & address: _____

Position: _____ Salary/ Rate: _____

Reason for leaving: _____

Employer #3:

Dates employed: From: _____ To: _____

Business name & address: _____

Position: _____ Salary/ Rate: _____

Reason for leaving: _____

List the names of 3 persons, to whom you are not related, and whom you have known for 1 year:

Name & Phone: _____

Relationship: _____

Years aquatinted: _____

Name & Phone: _____

Relationship: _____

Years aquatinted: _____

Name & Phone: _____

Relationship: _____

Years aquatinted: _____

*Please sign last page →

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

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving in an employment decision.

This application for employment shall be considered active for a period of time not to exceed (45) days. Any applicant wishing to be considered for employment beyond this point must inquire as to whether or not applications are being accepted at this time.

I hereby understand and acknowledge that unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge employment at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document, conduct, or words, unless such change is specifically acknowledged in writing by an executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand also that I am required to abide by all rules and regulations of the Employer.

Applicant Signature

Date

FOR OFFICE USE ONLY

Disclosure under Fair Credit Reporting Act
And
Consent to Procurement of Motor Vehicle Report
For
Employment Purposes Form

The undersigned hereby authorizes Hawk Enterprises, Inc.
Name of Employer

Or it's insurance agency Tobias Insurance Group, Inc., or its assigns, to obtain copies of Motor Vehicle Reports, which may be classified as a consumer report, pertaining to me for employment purposes and For use in rating and/or underwriting insurance for which the above-named employer may apply and any Renewal thereof. I understand that in obtaining such consumer reports, a consumer reporting agency May be used, and I do hereby authorize such use.

Dated: _____ Signed: _____

Printed Name: _____

Date of Birth: _____

Lincense number & State: _____

Employer should retain these records for a MINIMUM of TWO years
After: 1) employment ends or 2) the last year in which a Motor Vehicle
Record was ordered, as part of the record keeping requirements under
the FCRA.

A copy of "Summary of Consumer Rights" must be provided in
the case of an adverse decision based on the report obtained.

EEO Information

Date: _____

COMPLETION OF THIS FORM IS VOLUNTARY.

Hawk Enterprises Inc. is an Equal Opportunity/Affirmative Action employer. We consider all qualified applicants for all positions without regard to race, color, religion, gender, national origin, age, disability or any other legally protected status. We also comply with all applicable laws governing employment practices and do not discriminate on the basis of any unlawful criteria.

This information is used in an effort to comply with required record keeping and to ensure that our requirement efforts reach all segments of the population. This information will not be considered with your application and will remain in a separate file.

Again, this information is provided on a voluntary basis. Not providing this information will not affect your application. Thank you for your assistance.

Gender

- Male
- Female
- I choose not to disclose

Race

- American Indian/Alaskan Native
- Asian
- Black/African American
- Hispanic/Latino
- White
- I choose not to disclose