

# Hardings Incorporated

To submit an application for employment with Hardings, Print out this form, fill out the application and mail or fax to Hardings Inc. at 219-696-8915.

## Application for Employment

PLEASE PRINT

Position(s) Applied For \_\_\_\_\_ Date of Application \_\_\_\_\_

Your Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Street City State Zip Code

Telephone Number \_\_\_\_\_ Social Security No. \_\_\_\_\_

If necessary, best time to call you at home is \_\_\_\_\_

May we contact you at work? \_\_\_\_\_ Yes . No

If yes, work number and best time to call \_\_\_\_\_

If you are under 18, can you furnish a work permit? \_\_\_\_\_ Yes . No

Have you filed an application here before? \_\_\_\_\_ Yes . No

If yes, give date \_\_\_\_\_

Have you ever been employed here before? \_\_\_\_\_ Yes . No

If yes, give dates \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Are you legally eligible for employment in this country? \_\_\_\_\_ Yes . No

(Proof of U.S. Citizenship or immigration status will be required upon employment.)

Date available for work \_\_\_\_\_

Type of employment desired? Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ Temporary \_\_\_\_\_

Are you on lay-off and subject to recall? \_\_\_\_\_ Yes No

Will you relocate if job requires it? Yes \_\_\_\_\_ No \_\_\_\_\_ Will you travel if job requires it? Yes No

Are you able to meet the attendance requirements of the position? \_\_\_\_\_ Yes . No

Will you work overtime if required? \_\_\_\_\_ Yes . No

Have you ever been bonded? \_\_\_\_\_ Yes . No

Have you been convicted of a felony in the last seven (7) years? \_\_\_\_\_ Yes . No

(Such conviction may be relevant if job related, but does not bar you from employment.)

If Yes

Please explain: \_\_\_\_\_

Driver's license number (if job related) \_\_\_\_\_ State \_\_\_\_\_

**HARDINGS IS AN EQUAL OPPORTUNITY EMPLOYER**

## Skills and Qualifications

Summarize special skills and qualifications acquired from employment or other experiences that may qualify you to work with our company.

\_\_\_\_\_

\_\_\_\_\_

## Employment History

List your last four (4) employers, assignments or volunteer activities, starting with the most recent, including military experience. Explain any gaps in employment in comments section below.

Comments (including explanation of any gaps in employment) \_\_\_\_\_

Prior Employer \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

Job Title \_\_\_\_\_ Immediate Supervisor and Title \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

May we contact for reference? Yes No

Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_

Summarize the nature of the work performed and job responsibilities:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Hourly Rate/Salary

Starting Hourly Rate/Salary \_\_\_\_\_ Final Hourly Rate/Salary

**Prior Employer** \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

Job Title \_\_\_\_\_ Immediate Supervisor and Title \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

May we contact for reference? Yes No

Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_

Summarize the nature of the work performed and job responsibilities:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Hourly Rate/Salary

Starting Hourly Rate/Salary \_\_\_\_\_ Final Hourly Rate/Salary

**Prior Employer** \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

Job Title \_\_\_\_\_ Immediate Supervisor and Title \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

May we contact for reference? Yes No

Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_

Summarize the nature of the work performed and job responsibilities:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Hourly Rate/Salary

Starting Hourly Rate/Salary \_\_\_\_\_ Final Hourly Rate/Salary

**Prior Employer** \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

Job Title \_\_\_\_\_ Immediate Supervisor and Title \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

May we contact for reference? Yes No

Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_

Summarize the nature of the work performed and job responsibilities:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Hourly Rate/Salary

Starting Hourly Rate/Salary \_\_\_\_\_ Final Hourly Rate/Salary

## Educational Background (if job related)

A. List last three (3) schools attended, starting with last one. Number of years completed, Indicate degree or diploma earned, if any, Major and minor field of study.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# References

List name and telephone number of three business/work references who are not related to you and are not previous supervisors. If not applicable, list three school or personal references who are not related to you.

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List professional, trade, business, or civic associations and any of offices held. (Exclude memberships which would reveal sex, race, religion, national origin, age, color, disability or other protected status.)

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List special accomplishments, publications, awards. (Exclude information which would reveal sex, race, religion, national origin, age, color, disability or other protected status.)

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List any additional information you would like us to consider.

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It is understood and agreed upon that any misrepresentation by me in this application will be sufficient cause for cancellation of this application and/or separation from the employer's service if I have been employed. I give the Employer the right to investigate all references and to secure additional information about me, if job related. I hereby release from liability the Employer and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

The Employer is an Equal Opportunity Employer. The Employer does not discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant's consideration for employment on a basis prohibited by local, state, or federal law.

This application is current for only 60 days. At the conclusion of this time, if I have not heard from the Employer and still wish to be considered for employment, it will be necessary to fill out a new application.

I understand that just as I am free to resign at any time, the Employer reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no representative of the Employer has the authority to make any assurances to the contrary.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

**Hardings Incorporated We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, disability, veteran status or any other legally protected status .**

Applicant's Name \_\_\_\_\_

Last First Middle Phone \_\_\_\_\_

Address \_\_\_\_\_

Street City State Zip Code \_\_\_\_\_

As required, we comply with government regulations including Affirmative Action obligations where they apply.

In an effort to comply with requirements regarding government recordkeeping, reporting and other legal obligations, we ask that you complete this applicant data survey. Your cooperation is appreciated.

Please be advised that your survey is not a part of your official application for employment.

It is considered confidential information that will not be used in any hiring decision.

Check one: Male Female

Check one of the following Race/Ethnic Groups:

Hispanic Black White American Indian/Alaskan Native Asian/Pacific islander

**SPECIAL NOTICE TO VIETNAM ERA VETERANS, DISABLED VETERANS AND INDIVIDUALS WITH PHYSICAL OR MENTAL HANDICAPS OR DISABILITIES:**

Government contractors subject to the Vietnam Era Veterans Readjustment Act of 1974 and the Rehabilitation Act of 1973 are required to take affirmative action to employ and advance in employment qualified disabled veterans and veterans of the Vietnam Era, and qualified handicapped individuals.

You are invited to volunteer this information, if you qualify, to assist in proper placement and determining reasonable accommodation. This information will be considered confidential and refusal to provide this information will not adversely affect your consideration for employment.

IF YOU SO WISH TO BE IDENTIFIED, PLEASE CHECK IF ANY OF THE FOLLOWING ARE APPLICABLE:

VIETNAM ERA VETERAN DISABLED VETERAN INDIVIDUAL WITH A DISABILITY

**To be completed by applicant—Not for interview purposes—To be filed separately from application. This information is used to satisfy the Affirmative Action requirements of Section 503 of the Rehabilitation Act or necessitated by another federal law or regulation.**

**Referral Source**

Advertisement  Employee  Relative  Employment Agency  Walk-in  Other

Name of referral (If Applicable) \_\_\_\_\_