



Return to:
 HR Dept.
 Hoover & Strong, Inc.
 10700 Trade Road
 N. Chesterfield, VA 23236
 PH: 804-794-3700
 FAX: 800-616-9997

Employment Application

Please download this application form to your computer. Save it with your name in the file name, then type your information into the designated fields. Email the completed form to hr@hooverandstrong.com. You can also print the form. Fill out completely, then mail or fax it to the address/fax numbers noted above.

PERSONAL INFORMATION:

DATE: _____

NAME: _____ SOCIAL SECURITY NUMBER: _____

PRESENT ADDRESS: _____
 STREET CITY ZIP

PERMANENT ADDRESS: _____
 STREET CITY ZIP

HOME PHONE NO: _____ ARE YOU 18 YEARS OR OLDER? YES NO

CELL PHONE NO. _____ E-MAIL ADDRESS: _____

EMPLOYMENT DESIRED? YES

REFERRED BY:

POSITION:	DATE YOU CAN START:	SALARY DESIRED:
ARE YOU EMPLOYED NOW? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF SO, CAN WE INQUIRE OF YOUR PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
HAVE YOU EVER APPLIED TO THIS COMPANY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF SO, WHEN?		

EDUCATION	NAME AND LOCATION OF SCHOOL	NO. OF YEARS ATTENDED	DID YOU GRADUATE?	DEGREE RECEIVED
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				
CERTIFICATION RECEIVED	RECEIVED FROM:	TYPE OF CERTIFICATION:		STILL CURRENT? <input type="checkbox"/> YES <input type="checkbox"/> NO
CERTIFICATION RECEIVED	RECEIVED FROM:	TYPE OF CERTIFICATION:		STILL CURRENT? <input type="checkbox"/> YES <input type="checkbox"/> NO
ANY ADDITIONAL TRAINING RECEIVED	RECEIVED FROM:	TYPE OF TRAINING:		

TECHNICAL SKILLS

LANGUAGE SKILLS	ARE YOU FLUENT IN ANY OTHER LANGUAGE? <input type="checkbox"/> YES <input type="checkbox"/> NO			TYPING/KEYBOARD SPEED: _____ WPM _____ KPH	
	_____ <input type="checkbox"/> READ <input type="checkbox"/> SPEAK <input type="checkbox"/> WRITE	_____ <input type="checkbox"/> READ <input type="checkbox"/> SPEAK <input type="checkbox"/> WRITE	_____ <input type="checkbox"/> READ <input type="checkbox"/> SPEAK <input type="checkbox"/> WRITE		
	_____ <input type="checkbox"/> READ <input type="checkbox"/> SPEAK <input type="checkbox"/> WRITE	_____ <input type="checkbox"/> READ <input type="checkbox"/> SPEAK <input type="checkbox"/> WRITE	_____ <input type="checkbox"/> READ <input type="checkbox"/> SPEAK <input type="checkbox"/> WRITE		
COMPUTER SKILLS	<input type="checkbox"/> MS WORD	<input type="checkbox"/> BEGINNER	<input type="checkbox"/> INTERMED.	<input type="checkbox"/> ADVANCED	OTHER: _____
	<input type="checkbox"/> MS EXCEL	<input type="checkbox"/> BEGINNER	<input type="checkbox"/> INTERMED.	<input type="checkbox"/> ADVANCED	OTHER: _____
	<input type="checkbox"/> WINDOWS	<input type="checkbox"/> BEGINNER	<input type="checkbox"/> INTERMED.	<input type="checkbox"/> ADVANCED	OTHER: _____
	<input type="checkbox"/> MS ACCESS	<input type="checkbox"/> BEGINNER	<input type="checkbox"/> INTERMED.	<input type="checkbox"/> ADVANCED	OTHER: _____
	<input type="checkbox"/> MS OUTLOOK	<input type="checkbox"/> BEGINNER	<input type="checkbox"/> INTERMED.	<input type="checkbox"/> ADVANCED	OTHER: _____

EMPLOYMENT HISTORY

EMPLOYMENT DATES	NAME & ADDRESS OF EMPLOYER	RATE OF PAY	POSITION & DUTIES	REASON FOR LEAVING

REFERENCES: PLEASE GIVE 3 BUSINESS REFERENCES NOT RELATED TO YOU.

	NAME	TELEPHONE NUMBER	HOW DO YOU KNOW THIS PERSON?	YEARS ACQUAINTED
1				
2				
3				

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have. I release all parties from all liability for any damage that may result from furnishing same to you. I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated any time without any prior notice.

DATE: _____ SIGNATURE: _____

DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY: _____ DATE: _____

COMMENTS: _____

HIRED: YES NO POSITION: _____ DEPT: _____

SALARY/WAGE: _____ DATE REPORTING TO WORK: _____

APPROVED BY: _____ DEPT HEAD: _____

HR Director