

Position(s) Applied For		Application Date	
Last Name		First Name	Middle Initial
Address		City	State Zip
Telephone Number	Alt. Number	Date Available for Work	Valid Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No (If applicable to position) Reliable Transportation? <input type="checkbox"/> Yes <input type="checkbox"/> No
Where did you hear about the job or position? Newspaper _____ On line site _____ Friend _____ (which one) (which one)			
Employment Type: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary <input type="checkbox"/> Seasonal <input type="checkbox"/> Co-op			
Were you previously interviewed by this organization? <input type="checkbox"/> No <input type="checkbox"/> Yes			
Were you previously employed by this organization? <input type="checkbox"/> No <input type="checkbox"/> Yes Date(s) _____ Department/Position _____			
List any relatives or friends working for this organization: _____			
WORK EXPERIENCE: LIST PRESENT AND FORMER EMPLOYERS BEGINNING WITH MOST RECENT			
From (MO/YR)	To (MO/YR)	Company Name and Address	Telephone()
Last Position Held		Describe Your Work	
Supervisor's Name and Title		Reason for Leaving _____	
From (MO/YR)	To (MO/YR)	Company Name and Address	Telephone()
Last Position Held		Describe Your Work	
Supervisor's Name and Title		Reason for Leaving _____	
From (MO/YR)	To (MO/YR)	Company Name and Address	Telephone()
Last Position Held		Describe Your Work	
Supervisor's Name and Title		Reason for Leaving _____	
From (MO/YR)	To (MO/YR)	Company Name and Address	Telephone()
Last Position Held		Describe Your Work	
Supervisor's Name and Title		Reason for Leaving _____	
May we contact the above employers? <input type="checkbox"/> Yes <input type="checkbox"/> No If "NO", indicate which one(s) you do not wish us to contact.			
Have you served an apprenticeship? <input type="checkbox"/> Yes <input type="checkbox"/> No Type of Trade _____ Date(s) _____ If Yes where?			
Continued on the other side			

Special Skills and Qualifications: Mechanical and/or technical experience and abilities relevant to the position for which you have applied

Education

School	Location	No. of Years Completed	Did you Graduate?	Course of Study	
High School					
College				Major	Degree
Other					

References of individuals (not relatives) known for at least 3 years

Name	Relationship	Telephone	Years Known
Name	Relationship	Telephone	Years Known
Name	Relationship	Telephone	Years Known

Miscellaneous Information

If you are hired a background check may be run and if you have anything that may compromise the business or it's current employee it could be grounds for termination. If you would like to discuss anything before getting hired please let us know. Can you verify your legal rights to work in the U.S. by providing a birth certificate, proof of U.S. Citizenship, or by some other means? Yes NO

If you are under 18, are you able to furnish a work permit? Yes No I am not under the age of 18

Applicant's Certification - Please read carefully before signing

I certify that the answers given by me to the foregoing questions and the statements made by me in the application are correct and complete. I understand that, if I become employed, a misrepresentation or omission of fact in this application may result in my discharge from employment.

I authorize the Company, as part of its evaluation of my suitability for employment, to contact all school officials, references, and my previous supervisors to secure information concerning my skills, character, and ability.

I further acknowledge and agree that no manager or representative of HQC has any authority to enter into any employment agreement. I understand and agree that, if I am employed, I will be an **at-will** employee and HQC may terminate my employment at any time and for any or no reason without prior notice.

I understand that if I am applying for a position in shipping/receiving that I will have to furnish a valid driver's license before I can be considered for that position and that the information will be checked by our insurance company for any and all driving violations and driving record. If either of those are not in excellent standings, I will not be considered for that position. This is not to imply that the applicant will secure the position based just on these findings.

Applicant's Signature

Date



HQC Incorporated Job Application

HQC Incorporated is a custom injection molding company that manufactures products for the food-grade and medical industries. It is essential that we hire reliable and attentive people that will help us to maintain the highest standards for our customers as well as for the consumers who purchase our products. If we are not able to give our customers the quality that they expect, they will move on to another molding company and we will lose business.

We require our employees to maintain good attendance, and have exceptional attention to detail. HQC runs 24 hours a day, 7 days a week, so working some weekends is necessary. Employees are required to read, write, and understand English. Please be aware that all prospective employees may be subject to criminal and employment background screening as well as drug testing after an offer of employment has been made.

If you do not feel that HQC Incorporated is the right company for you based on what you have read, please return the application to the person who gave it to you. We understand that this work is not for everyone.

1. Do you have any molding experience? YES NO If yes, explain: _____

2. Do you have any restrictions, such as lifting, standing, and/or walking? YES NO If yes, explain:

3. A lot of the positions at HQC may require you to be able to visually find very small defects on parts and color differences. Do you have any impairment that may cause you not to be able to see clearly, see and distinguish color, or see very small defects? Yes NO If yes, explain: _____

4. You will have to be able to listen to videos, power points, take directions from trainers, and/or supervisors, as part of your training. You may have to listen for alarms on machines and be able to react to them. Do you have any impairment that would deter you from being able to do any of these things? Yes NO If yes explain: _____

5. Circle only the shift (s) you are able to work and stay on. Once you are on a shift, you usually are not able to switch. Shift times could vary slightly depending on the position. Part time shifts are very limited.

1st Shift 6:45am – 3:15pm

2nd Shift 2:45pm – 11:15pm

3rd Shift 10:45pm – 7:15am

Thank you for taking the time to completely fill out our application. If you do not feel that HQC Incorporated is the right company for you based on what you have read, please return the application to the person who gave it to you. We understand that this work is not for everyone.

We take any and all restrictions into consideration and how it may affect you, others or doing your job correctly, and the safety of everyone. If reviewed, and you are being considered for a position, someone will call you, to get more information, or to set up an interview. We do not call back all applicants.

Signing below acknowledges that you have read and understand the above information and that all of your answers are correct, true and complete. Discrepancies after hiring could be cause for termination.

Signature: _____

Date: _____