



Quality People
Quality Process
Quality Projects

901 South Mopac Expressway Barton Oaks Plaza V, Suite 200 ■ Austin, Texas 78746 ■ 512.472.4600 tel ■ 512.472.4608 fax

APPLICATION FOR EMPLOYMENT

Be detailed and thorough about your experience. Please print legibly on the application and any attached sheets. Fill in all blanks or indicate not applicable (N/A). If there is not enough space, attach additional sheets. Incomplete or incorrect information concerning dates of employment, education, etc. will prevent us from considering you for available employment opportunities. All applicants will receive consideration without discrimination because of age, race, religion, color, disability, sex, physical condition, developmental disability, sexual orientation, national origin or veteran status. Applications or resumes containing this information may not be considered. The company is an equal opportunity employer.

PERSONAL INFORMATION

NAME (LAST, FIRST, MIDDLE)			TODAY'S DATE / /
PRESENT ADDRESS	CITY	STATE	ZIP CODE
HOME PHONE ()	WORK PHONE ()		
E-MAIL ADDRESS			
IF HIRED, WILL YOU BE ABLE TO PROVIDE PROOF OF EMPLOYMENT AUTHORIZATION AND IDENTITY WITHIN THREE (3) DAYS OF EMPLOYMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO			

POSITION DESIRED

POSITION APPLIED FOR			
CURRENT BASE SALARY	IF HIRED, DATE AVAILABLE / /	ARE YOU EMPLOYED NOW? IF YES, NAME OF COMPANY? <input type="checkbox"/> YES <input type="checkbox"/> NO	
APPLICATION FOR <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> SUMMER <input type="checkbox"/> INTERNSHIP <input type="checkbox"/> OTHER	IF REQUIRED, ARE YOU WILLING TO RELOCATE? <input type="checkbox"/> YES <input type="checkbox"/> NO		
WHAT IS YOUR PREFERRED WORK SCHEDULE?			

EMPLOYMENT INFORMATION

This area must be filled out completely. A resume may not be attached in lieu of completing employment information. List most recent employment first.

FROM MO/YR	TO MO/YR	NAME, CITY, STATE AND PHONE NUMBER OF EACH EMPLOYER	JOB TITLE AND WORK DESCRIPTION	SALARY/TOTAL COMPENSATION	REASON FOR LEAVING
		SUPERVISOR			
		SUPERVISOR			
		SUPERVISOR			

MAY WE CONTACT YOUR CURRENT EMPLOYER? YES NO IF NO, PLEASE EXPLAIN:

EDUCATION

NAME/LOCATION OF HIGH SCHOOL, COLLEGE, TRADE OR BUSINESS SCHOOL	MAJOR	TOTAL CREDITS COMPLETED	DID YOU GRADUATE?	TYPE OF DEGREE	GPA	
	MINOR				MAJOR	MINOR
			<input type="checkbox"/> YES <input type="checkbox"/> NO			
			<input type="checkbox"/> YES <input type="checkbox"/> NO			
			<input type="checkbox"/> YES <input type="checkbox"/> NO			

LIST SPECIAL SKILLS RELEVANT TO THIS POSITION

SOFTWARE OR EQUIPMENT YOU CAN OPERATE
DESCRIBE ANY SPECIAL TRAINING OR SKILLS WHICH MAY BE RELATED TO THE KIND OF POSITION FOR WHICH YOU ARE APPLYING
OTHER

LICENSE/CERTIFICATION

LICENSE/CERTIFICATE <small>(i.e. PE, EIT, RPLS, PLS, etc.)</small>	DATE ISSUED	ISSUED BY <small>(state or other authority)</small>	LICENSE NUMBER	LOCATION OF ISSUING AUTHORITY (CITY/STATE)

GENERAL

HAVE YOU EVER BEEN CONVICTED OF A FELONY OR BEEN ON DEFERRED ADJUDICATION? <input type="checkbox"/> YES <input type="checkbox"/> NO (IF YES, PLEASE PROVIDE DATE(S) AND A BRIEF EXPLANATION)

ADDITIONAL INFORMATION

HAVE YOU EVER BEEN EMPLOYED BY HS&A? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHEN? FROM _____ TO _____	LOCATION
LIST ANY RELATIVES/FRIENDS WHO WORK FOR HS&A	NAME _____	RELATION _____
	NAME _____	RELATION _____
	NAME _____	RELATION _____

REFERRAL SOURCE

HOW WERE YOU REFERRED TO HS&A? PLEASE SPECIFY.

- | | |
|--------------------------------------------------------|---------------------------------------------------------|
| <input type="checkbox"/> WEBSITE _____ | <input type="checkbox"/> SCHOOL _____ |
| <input type="checkbox"/> COMPANY EMPLOYEE (NAME) _____ | <input type="checkbox"/> EMPLOYMENT AGENCY (NAME) _____ |
| <input type="checkbox"/> ADVERTISMENT _____ | <input type="checkbox"/> TEMP. AGENCY (NAME) _____ |
| <input type="checkbox"/> ON MY OWN | <input type="checkbox"/> OTHER _____ |

REFERENCES

LIST ANY BUSINESS REFERENCES FAMILIAR WITH YOUR WORK HISTORY (Supervisory references preferred/Academic reference if appropriate)	NAME	BUSINESS PHONE
	NAME	BUSINESS PHONE
	NAME	BUSINESS PHONE

PRE-EMPLOYMENT STATEMENT

I certify that the information provided in this Application for Employment is true, correct and complete. If employed, any misstatement or omission of fact on this application may result in my dismissal.

I hereby release and authorize the company or its agent to verify, inspect, copy and obtain records pertaining to the information I have provided in this application. I hereby authorize any persons or concerns to furnish information in their possession concerning any of the information I have provided in this application and release such persons or concerns from any and all liability arising therefrom.

I understand and agree that:

- Business needs may at times make the following conditions mandatory: overtime, extended work week, rotating work schedule or weekend work schedules. I accept these as conditions of continuing employment.
- If employed, I will agree not to divulge to the company any confidential information I have gained through non-company previous employment and to protect the company's confidential information.
- This application for employment and any attachment(s) are the property of the company and will become part of my personnel file if I am hired.
- If employed by HS&A, I agree to abide by its rules and regulations. Further, I understand and agree that employment is at will and may be terminated at any time, with or without cause or reason and with or without notice. This application cannot be construed as a contract or as a guarantee of employment or continued employment and no agreement to the contrary will be effective.

As a condition of employment with HS&A, I understand I may be required to sign the Company's Employee Non-Disclosure and Non-Solicitation Agreement.

I agree and acknowledge that no officer, manager or employee of the company is authorized to offer any contract of employment for any specific period of time. Further, no officer, manager or employee is authorized to offer irrevocable or unchangeable terms and conditions of employment. The company reserves the right to determine the terms and conditions of employment at its sole discretion.

The company has reserved the right to administer pre and post employment drug screening procedures including but not limited to: random screening, screening for cause or upon reasonable suspicion or any other reasonable drug screening implemented. I consent to participation in any such program(s) and I understand and agree that the company may take disciplinary action up to and including termination of employment for failure to pass or refusal to take a drug screen.

I HAVE READ THE ABOVE PARAGRAPHS, UNDERSTAND THEIR IMPORTANCE AND EFFECT UPON MY EMPLOYMENT AND ACCEPT THE SAME AS CONDITIONS OF MY EMPLOYMENT BY HS&A.

SIGNATURE OF APPLICANT	DATE
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Human Resources