HAVIN
Helping All Victims In Need

EMPLOYMENT APPLICATION

PERSONAL INFORMATION

(Last Name)	(First Name)	(Middle Initial)	Social Security No.:

Current Address:	Permanent Address (if different):
Street	Street
City State Zip	City State Zip

Telephone No.: Email:

GENERAL INFORMATION

Position Applied For: _____ Date Available: _____ Salary Desired: _____

Have you ever used any other name(s) which is (are) necessary for us to know to enable us to verify your employment or educational record? *If yes, please specify:*	❑ Yes	❑ No
Are you over the age of 18?	❑ Yes	❑ No
Have you ever been convicted of a felony or of any crime for which you served a jail or prison sentence?	❑ Yes	❑ No
Are you currently awaiting trial for any criminal offense?	❑ Yes	❑ No
Have you ever initiated an act of violence in the workplace?	❑ Yes	❑ No
A "yes" answer will not necessarily disqualify you. Please explain any "yes" answer so that individual circumstances can be considered. Use additional paper if necessary.	❑ Yes	❑ No
Are you available to work overtime as needed? *If yes, available weekdays?* _____ *Weekends?* _____	❑ Yes	❑ No

What prompted you to apply here?

- ❑ Agency (state name):_____
- ❑ School (state name):_____
- ❑ Reputation of Firm
- ❑ Search Engine (name of site): _____
- ❑ Referral (state name):_____
- ❑ Other (specify):_____

Have you previously worked for or applied for a position with HAVIN INC., either as an employee or through an employment agency? *If yes, please explain when and, if employed, in what capacity*	❑ Yes	❑ No

EMPLOYMENT RECORD

Please specify your full-time and part-time employment record of most recent employer and continue in reverse chronological order. If you require additional space for more employers or to explain any gaps in employment, use the reverse side of this page.

1	Company Name		Telephone ( )
	Address		Employed (Month and Year) From To
	Name, Title, and Phone Number of Supervisor	May we contact? ❑ Yes ❑ No	Monthly Wages Start Last
	Job Title, and Work Responsibilities		Reason for Leaving:

2	Company Name		Telephone ( )
	Address		Employed (Month and Year) From To
	Name, Title, and Phone Number of Supervisor	May we contact? ❑ Yes ❑ No	Monthly Wages Start Last
	Job Title, and Work Responsibilities		Reason for Leaving:

3	Company Name		Telephone ( )
	Address		Employed (Month and Year) From To
	Name, Title, and Phone Number of Supervisor	May we contact? ❑ Yes ❑ No	Monthly Wages Start Last
	Job Title, and Work Responsibilities		Reason for Leaving:

EDUCATION				
School Attended	**Name and Location of School**	**Number of Years Completed**	**Course of Study**	**Certificate or Degree Earned**
Last High School				
Business, Trade, or Vocational School				
Junior College				
College or University				
Graduate School				

APPLICANT'S CERTIFICATION AND AGREEMENT

PLEASE READ CAREFULLY AND SIGN

The facts set forth above are true and complete. I understand that if I am employed, falsification of this application (including falsification by omission or supplying misleading information) will result in discharge regardless of when such falsification is discovered.

I authorize HAVIN INC., to investigate all information contained in this application. I authorize the prior employers to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from any and all liability for any damage or injury that may result from furnishing the same to HAVIN INC.

I understand and agree that no person who is either an agent or employee of HAVIN INC. may modify, delete, vary, or contradict, whether orally or in writing, the terms and conditions of employment set forth herein.

Dated: _____ Signed: _____

Please note: HAVIN INC. considers applications for only a 30-day period. If you wish to be considered after 30 days from the date of your application, please reapply.