



890 W. Five Notch Rd.
 N. Augusta, SC 29860
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APPLICATION FOR EMPLOYMENT

EOE

PERSONAL INFORMATION

DATE _____

NAME (LAST NAME FIRST)		SOCIAL SECURITY NO.	
PRESENT ADDRESS	CITY	STATE	ZIP CODE
PERMANENT ADDRESS	CITY	STATE	ZIP CODE
PHONE NO. ()	REFERRED BY		

EMPLOYMENT DESIRED

POSITION	DATE YOU CAN START	SALARY DESIRED
ARE YOU EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF SO, MAY WE CONTACT YOUR PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
HAVE YOU EVER APPLIED FOR EMPLOYMENT AT HAGLER SYSTEMS, INC? <input type="checkbox"/> YES <input type="checkbox"/> NO	WHERE?	WHEN?

EDUCATION HISTORY

NAME & LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
HIGH SCHOOL			
COLLEGE			
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL			

GENERAL INFORMATION

SUBJECTS OF SPECIAL STUDY/RESEARCH WORK OR SPECIAL TRAINING/SKILLS	
U.S. MILITARY OR NAVAL SERVICE	RANK

FORMER EMPLOYERS LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH THE CURRENT OR MOST RECENT ONE FIRST

DATE MONTH AND YEAR	NAME & ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				

EMPLOYMENT REFERENCES LIST BELOW THREE WORK RELATED REFERENCES, IF AVAILABLE

NAME	PHONE NO. or ADDRESS	RELATIONSHIP TO YOU	COMPANY

EMPLOYMENT ELIGIBILITY

ARE YOU LEGALLY ELIGIBLE TO WORK IN THE UNITED STATES?	<input type="checkbox"/> YES <input type="checkbox"/> NO	DO YOU HAVE A VALID DRIVER'S LICENSE?	<input type="checkbox"/> YES <input type="checkbox"/> NO
HAVE YOU BEEN CONVICTED OF OR PLEADED GUILTY TO A FELONY WITHIN THE LAST FIVE YEARS? * PLEASE NOTE THAT A CONVICTION WILL NOT NECESSARILY PREVENT YOU FROM BEING HIRED.		<input type="checkbox"/> YES <input type="checkbox"/> NO	
IF YES, PLEASE EXPLAIN			

DRUG SCREENING

"I understand that Hagler Systems, Inc. is a Drug-Free Workplace. I understand that I will be required to submit a pre-employment drug screening and will be required to participate in random screenings at any time during my employment with Hagler Systems, Inc. I have read and understand the Drug and Alcohol Testing Policy attached to this application."

INITIAL HERE IF YOU HAVE READ, UNDERSTAND, AND AGREE WITH THIS STATEMENT _____

UNIFORM POLICY

"I understand that after completing my probationary period as an employee of Hagler Systems, Inc. I will be required to participate in the Uniform Program. I understand I will be provided with a copy of this policy upon hire."

INITIAL HERE IF YOU HAVE READ, UNDERSTAND, AND AGREE WITH THIS STATEMENT _____

AUTHORIZATION

"I certify that the facts contained on this application are true and complete to the best of my knowledge. I understand that any false statements may cause me to be ineligible for hire or, in the case of employment, that this may be grounds for immediate dismissal. I authorize investigation into all statements contained on this application. Further, I authorize the references and employers listed above to provide any and all information, personal or professional, that may be pertinent to previous employment or employment at Hagler Systems, Inc. I release Hagler Systems, Inc. from liability for any damage that may result from the use of such information. This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and any other relevant federal and state laws."

SIGNATURE _____ DATE _____

FOR EMPLOYER USE ONLY**INTERVIEW NOTES**

NEATNESS		CHARACTER		
PERSONALITY		ABILITY		
HIRED	FOR DEPT.	POSITION	WILL REPORT	SALARY WAGES

INTERVIEWED BY _____ DATE _____