

THE H GROUP APPLICATION

The following information is required in order to help the The H Group make the best possible selection of a candidate for employment. All portions of this application must be completed. We appreciate the time you spend in filling in the application form. The H Group accordance with State and Federal laws, does not discriminate on the basis of age, race, religion, color, sex, national origin, marital status, or disability.

PERSONAL DATA	
NAME: _____ <div style="display: flex; justify-content: space-between; font-size: small; margin-top: -10px;"> 1(LAST) 2(FIRST) 3(MIDDLE) </div>	SOCIAL SECURITY NUMBER - - DL #: _____ State: _____
ADDRESS: _____ <div style="display: flex; justify-content: center; font-size: small; margin-top: -10px;"> 5(STREET) </div> <hr/> <div style="display: flex; justify-content: space-between; font-size: small;"> 6(CITY) 7(STATE) 8(ZIP) </div>	TELEPHONE NUMBER ALTERNATE NUMBER U.S. Citizen Yes <input type="checkbox"/> No <input type="checkbox"/>
EDUCATION	
<u>HIGH SCHOOL OR GENERAL EQUIVALENCY DEGREE</u>	
<u>School</u> _____	<u>City</u> _____ <u>State</u> _____
<u>COMMUNITY COLLEGE</u>	
<u>College</u> _____	<u>Years of Attendance</u> _____
_____	_____
_____	_____
Area of Concentration: Major: _____ Minor: _____	

<u>UNDERGRADUATE</u>	
<u>College</u> _____	<u>Years of Attendance</u> _____
_____	_____
_____	_____
Area of Concentration: Major: _____ Minor: _____	

<u>MASTER'S DEGREE</u>	
<u>College/University</u> _____	<u>Years of Attendance</u> _____
_____	_____
_____	_____
Area of Concentration: _____	
If you do not have a Master's Degree, are you presently enrolled in a Master's Program? _____ (Yes/No)	
College/University: _____	
Area of Concentration: _____ Hours Completed: _____	

POST-GRADUATE EDUCATION

College/University

Years of Attendance

Degree

Area of Concentration: _____

If you do not have a Post-Graduate Degree, are you presently enrolled in a Post-Graduate Program? _____ (Yes/No)

College/University: _____

Area of Concentration: _____ Hours Completed: _____

List the College/University activities that you participated in and the honors you received: _____

OTHER TRAINING

Please list other training or workshops completed in the last five (5) years. _____

If you need additional space, please complete your answer on a separate sheet and attach it to this application.

PRIOR EXPERIENCE (Begin with most recent.)

(1) _____ (mm/yy – mm/yy) _____ (Name of Supervisor)

(Street Address) (City) (State) (Zip)
Duties and responsibilities

Reason for Leaving: _____

(2) _____ (mm/yy – mm/yy) _____ (Name of Supervisor)

(Street Address) (City) (State) (Zip)
Duties and responsibilities

Reason for Leaving: _____

(3) _____ (mm/yy – mm/yy) _____ (Name of Supervisor)

(Street Address) (City) (State) (Zip)
Duties and responsibilities

Reason for Leaving: _____

REFERENCES

Name _____	Title _____
Address _____	Phone No. _____
_____	Years Acquainted _____
Relationship _____	
Name _____	Title _____
Address _____	Phone No. _____
_____	Years Acquainted _____
Relationship _____	
Name _____	Title _____
Address _____	Phone No. _____
_____	Years Acquainted _____
Relationship _____	

THE H GROUP reserves the right to confer with persons listed by you as a reference, or with any other individuals, with knowledge concerning your total qualifications for the position. THE H GROUP will not inquire into your financial status, religious affiliation, marital status, or on other matters unrelated to your qualifications to fill the position for which you applied. Information received from such inquiries will be used solely for determining your employability with THE H GROUP and for no other purpose. This information will not be shared with anyone other than those THE H GROUP representatives involved in the selection process. Unless you are willing to authorize THE H GROUP to check references, your application will not be considered.

I hereby consent to having THE H GROUP contact anyone that it deems appropriate to investigate or verify any information I have given, or to discuss my background, past performance, or suitability for employment. I further consent to being discussed by any person so contacted and I waive all rights to bring any action for defamation, invasion of privacy, or any similar cause against anyone contacted as a result of what he or she may say about me.

Date

Signature

Because of my existing employment, I request that such contacts and inquiries be delayed until after _____

Date

Signature

By signing your name below, you certify that all statements made by you on this application are true and complete to the best of your knowledge and that you have withheld nothing that would affect this application unfavorably. By signing your name below, you acknowledge that you understand that misrepresentations, or omissions may be cause for rejection, or may be cause for subsequent dismissal if you are hired.

Date

Signature

FOR OFFICIAL USE ONLY

Office Use Only:	_____ U.S. W-4 Form	_____ IL W-4 Form	_____ I-9 Form
CES Form: 1994/lcj	_____ TB Test Results	_____ DCFS Affidavit	_____ CHBI Release

POSITION(S) APPLIED FOR: _____