

**Employment Application**

**Homespace Corporation**

**135 Delaware Avenue, Suite 210**

**Buffalo, NY 14202**

Qualified applicants receive equal consideration. No question is asked for the purpose of excluding any applicant due to race, color, national origin, religion, age, sex, disability, veteran status or any other characteristic protected under local, state or federal law.

## Contact Information

|  |  |
| --- | --- |
| Name |  |
| Street Address |  |
| City, State & Zip Code |  |
| Home Phone |  |
| Cell Phone |  |
| E-Mail Address |  |
|  |  |
| Which position are you applying for? |  |
| If under 18 years of age, do you have a work permit? |  |
| Do you have the right to work in the US? |  |
| Have you ever worked for HS? |  |
| Do you have any friends or relatives currently working for HS? **If yes**, name? |  |

## Availability

### During which hours are you available?

|  |  |  |
| --- | --- | --- |
| Weekday Mornings | Weekend Mornings | \_\_\_Weekday Overnights |
| Weekday Afternoons | Weekend Afternoons | \_\_\_Weekend Overnights |
| Weekday Evenings | Weekend Evenings | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date Available to Start |

## Education

|  |  |
| --- | --- |
| Highest Grade Completed: |  |
| Name of Last School Attended: |  |
| License, Vocational or Trades: |  |

## Employment History

## *List experience beginning with your present or most recent employer*

|  |  |
| --- | --- |
| Name of Company: |  |
| Job Title: |  |
| Location: |  |
| Dates of Service: |  |
| Name of Supervisor: |  |
| Duties: |  |
| Reason for Leaving: |  |
|  |  |
| Name of Company: |  |
| Job Title: |  |
| Location: |  |
| Dates of Service: |  |
| Name of Supervisor: |  |
| Duties: |  |
| Reason for Leaving: |  |
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| Location: |  |
| Dates of Service: |  |
| Name of Supervisor: |  |
| Duties: |  |
| Reason for Leaving: |  |

## References

### Please give the names of three persons not related to you, whom you have known **professionally** at least three years. A minimum of one reference must have been an immediate or direct supervisor.

Name Phone Number Email - REQUIRED Years Known

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

## Applicants Statement

### I understand that my employment may be terminated with or without cause or notice, at any time, at either my option or that of the company. I understand that no management representative has any authority to enter in to any agreement for continuing employment or for any specific period of time or which is contrary to the forgoing without written approval of the Company. I give the Company permission to contact any or all of my previous employers and references and authorize them to disclose any information the Company may request in the course of its investigation of this application for respect to such disclosures. After a tentative offer of employment has been made, if requested by the Company I agree to take a skills test. I understand that any offer is conditioned upon receipt of satisfactory references and satisfactory completion of such testing.

I have provided truthful and complete responses to all inquiries in the application and authorize the company to investigate all statements contained in the application. I understand that the discovery of any falsification or omission constitutes a ground for immediate dismissal. If employed, I will abide by the company’s rules and regulations, which I understand are subject to change.

|  |  |
| --- | --- |
| Name (printed) |  |
| Signature |  |
| Date |  |