



Hudson and Associates, LLC

EMPLOYEE APPLICATION

UPDATED JULY OF 2016



Hudson and Associates, LLC

APPLICATION FOR EMPLOYMENT

Hudson and Associates, LLC is an equal opportunity employer and does not discriminate on the basis of race, color, age, religion, sex, national origin, citizenship, disability, sexual orientation, marital status, veteran status and pregnancy or other characteristics to the extent protected by Federal, state or local law. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.

Please print clearly and answer all questions.

Date: _____

Desired position(s): _____

How did you hear about Hudson and Associates, LLC? _____

PERSONAL INFORMATION

Name _____

LAST

FIRST

M.I.

Have you ever worked or attended school under a different name? ☐ Yes ☐ No

If yes, please provide name(s) _____

Current Address _____

STREET

CITY

ZIP

Telephone number () _____

E-mail address _____

Social Security Number - - _____

Date Available for work: / / _____

Desired starting pay: \$ per _____

If under 18, and it is required, can you furnish a work permit? ☐ Yes ☐ No ☐ N/A

If hired, can you show proof of eligibility and/or legal authorization to work in the U.S.? ☐ Yes ☐ No

Can you work weekends if requested? ☐ Yes ☐ No

Are you able to fulfill the scheduling demands of the position for which you are applying, as explained to you?

☐ Yes ☐ No

HUDSON AND ASSOCIATES, LLC – AN EQUAL OPPORTUNITY EMPLOYER



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SUMMARY OF SKILLS

Please briefly summarize your relevant skills, as they pertain to the position for which you are applying.

Please summarize any training, certifications or skills that you would like to have considered in the review of your qualifications for a position with this Company. Do not include any information that may identify you as the member of any protected class.

Please check software applications that you are comfortable using : ☐ Microsoft Word ☐ Microsoft Excel ☐ Other

Please list any special driving licenses you may have, such as CDL, Class E, etc.

RECORD INQUIRY

Have you ever been convicted of a felony or crime other than a minor traffic infraction? ☐ Yes ☐ No

If yes, please explain:

(A conviction does not constitute an automatic bar to employment. Factors such as date of offense, seriousness and nature of the violation and position applied for will be taken into consideration.)

Have you received any type of moving violation within the past seven (7) years? ☐ Yes ☐ No

Has your license ever been suspended or revoked in the last ten (10) years? ☐ Yes ☐ No

HEALTH SUMMARY

Are you able to perform the essential duties, with or without accommodation, of the position for which you are applying? ☐ Yes ☐ No

Do you smoke? ☐ Yes ☐ No

Have you had any major health conditions or surgeries that could prevent you from working at times or maintaining the expected pace as assigned? ☐ Yes ☐ No

Are you in good health and able to walk up to 15 miles daily? ☐ Yes ☐ No

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EDUCATION

NAME AND LOCATION	# YEARS COMPLETED	DEGREE ACHIEVED	COURSE OF STUDY
HIGH SCHOOL			
COLLEGE OR UNIVERSITY			
COLLEGE OR UNIVERSITY			
OTHER			

EMPLOYMENT HISTORY

Please provide the following information for your past three (3) employers, starting with the most recent.

FROM	TO	EMPLOYER	TELEPHONE
JOB TITLE	ADDRESS		
SUPERVISOR'S NAME AND PHONE NUMBER			MAY WE CONTACT THIS EMPLOYER? <input type="radio"/> Yes <input type="radio"/> No
REASON FOR LEAVING			PAY HISTORY START: FINISH:

FROM	TO	EMPLOYER	TELEPHONE
JOB TITLE	ADDRESS		
SUPERVISOR'S NAME AND PHONE NUMBER			MAY WE CONTACT THIS EMPLOYER? <input type="radio"/> Yes <input type="radio"/> No
REASON FOR LEAVING			PAY HISTORY START: FINISH:

FROM	TO	EMPLOYER	TELEPHONE
JOB TITLE	ADDRESS		
SUPERVISOR'S NAME AND PHONE NUMBER			MAY WE CONTACT THIS EMPLOYER? <input type="radio"/> Yes <input type="radio"/> No
REASON FOR LEAVING			PAY HISTORY START: FINISH:

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WORK HISTORY

Have you ever filed an application with, or worked for Hudson and Associates, LLC before? ☐ Yes ☐ No

If yes, please specify dates, location(s) and position(s): _____

Have you ever worked for any local Government Department before? ☐ Yes ☐ No

If yes, please specify dates, location(s) and position(s): _____

If not included on the previous page, have you ever been fired or asked to resign from a job? ☐ Yes ☐ No

If yes, please explain: _____

Please explain any gaps in employment, other than those due to illness, injury or disability:

PLEASE PROVIDE THREE (3) PROFESSIONAL REFERENCES

NAME	RELATIONSHIP	TELEPHONE #	LENGTH OF TIME KNOWN



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APPLICANT STATEMENT

I certify that all information I have provided on this application is true and complete and that I have withheld nothing that, if disclosed, would affect this application unfavorably. I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) cancel further consideration of this application, or (ii) immediately discharge me from the employer’s service, whenever and however it is discovered.

I expressly authorize the investigation of all statements and information contained in this application. I knowingly and willingly release from all liability anyone supplying such information and I release the Company from all liability that may result from making an investigation.

I understand that the Company does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the Company and still wish to be considered for employment, it will be necessary to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time , with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied, oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by an authorized company officer.

I acknowledge that I have read this authorization and release, fully understand it, and fully and voluntarily agree to its provisions.

APPLICANT’S SIGNATURE _____
DATE _____

