

HIGHLIGHT INDUSTRIES

Application for Employment

Please fill out and email to vickis@highlightindustries.com

BASIC INFORMATION

Name: _____	Social Security: _____
Address: _____	City/State/Zip: _____
Phone: _____	Email: _____
Position(s) applied for: _____	Date of Application: _____
Referral source: (Please Check the appropriate category and the name of the source)	
<input type="checkbox"/> Walk-In _____	<input type="checkbox"/> School _____
<input type="checkbox"/> Employee _____	<input type="checkbox"/> Job Fair _____
<input type="checkbox"/> Advertisement _____	<input type="checkbox"/> Staffing Agency _____
<input type="checkbox"/> Company Website _____	<input type="checkbox"/> Gov. Employment Agency _____
<input type="checkbox"/> Other Internet _____	<input type="checkbox"/> Other _____

If necessary, best time to call you at home: _____

May we contact you at work?.....☐Yes ☐No

If YES, work number and best time to call:

Number: _____ Time: _____

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

If NO, please explain: _____

Have you submitted an application here before? ☐Yes ☐No

If YES, please give date(s) and position(s) _____

Have you ever been employed here before?..... ☐Yes ☐No

If YES, give dates: From: _____ To: _____

Are you legally eligible for employment in this country?
.....☐Yes ☐No

Date available for work: _____

What is your desired salary range or hourly rate of pay?
\$ _____ per _____

Type of employment desired:.....☐ Full-Time ☐ Part Time
☐ Educational Co-Op ☐ Seasonal ☐ Temporary

Will you relocate if job requires it? ☐Yes ☐No

Will you travel if your job requires it?..... ☐Yes ☐No

If they have been explained to you, are you able to meet the
attendance requirements of the position? ☐Yes ☐No

Will you work overtime if required?☐Yes ☐No

If NO, please explain: _____

Driver's License number required if driving may be required
in the job for which you are applying: State _____

Have you ever been bonded?☐Yes ☐No

Answering YES to the following question does not constitute an automatic bar
to employment. Factors such as date of offense, Seriousness & nature of
the violation, rehabilitation and position applied for will be taken into account.

Have you ever plead "guilty" or "no contest" to, or been
convicted of a crime?☐Yes ☐No

If YES, please provide date(s) and details: _____

HIGHLIGHT INDUSTRIES

EMPLOYMENT HISTORY

Starting with your most recent employer, provide the following information:

Employer	Phone	
Street Address	City	State
Starting Job Title / Final Job Title	Dates Employed TO	
Immediate Supervisor and Title (for most recent position held)	May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	
Why did you leave?	Compensation (Starting) <input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ per	
Summarize the type of work performed and job responsibilities	Commission/Bonus/Other Compensation \$	
What did you like most about your position?	Compensation (Final) <input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ per	
What did you like least about your position?	Commission/Bonus/Other Compensation \$	

Employer	Phone	
Street Address	City	State
Starting Job Title / Final Job Title	Dates Employed TO	
Immediate Supervisor and Title (for most recent position held)	May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	
Why did you leave?	Compensation (Starting) <input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ per	
Summarize the type of work performed and job responsibilities	Commission/Bonus/Other Compensation \$	
What did you like most about your position?	Compensation (Final) <input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ per	
What did you like least about your position?	Commission/Bonus/Other Compensation \$	

Employer	Phone	
Street Address	City	State
Starting Job Title / Final Job Title	Dates Employed TO	
Immediate Supervisor and Title (for most recent position held)	May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	
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Summarize the type of work performed and job responsibilities	Commission/Bonus/Other Compensation \$	
What did you like most about your position?	Compensation (Final) <input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ per	
What did you like least about your position?	Commission/Bonus/Other Compensation \$	

HIGHLIGHT INDUSTRIES

Explain any gaps in your employment, other than those due to personal illness, injury or disability:

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

If YES, please explain: _____

SKILLS AND QUALIFICATIONS

Summarize any special training, skills, licenses, and/or certificates that may assist you in performing the position for which you are applying: _____

Computer Skills: (Check all appropriate boxes. Include software titles and years of experience)

<input type="checkbox"/> Word Processing _____ Years _____	<input type="checkbox"/> Internet _____ Years _____
<input type="checkbox"/> Spreadsheet _____ Years _____	<input type="checkbox"/> Other _____ Years _____
<input type="checkbox"/> Presentation _____ Years _____	<input type="checkbox"/> Other _____ Years _____
<input type="checkbox"/> Email _____ Years _____	<input type="checkbox"/> Other _____ Years _____

EDUCATIONAL BACKGROUND

School (Include City and State)	Yrs Completed	Completed	GPA	Major/Minor
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certificate _____ <input type="checkbox"/> Other _____		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certificate _____ <input type="checkbox"/> Other _____		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certificate _____ <input type="checkbox"/> Other _____		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certificate _____ <input type="checkbox"/> Other _____		

HIGHLIGHT INDUSTRIES

REFERENCES

List names and telephone numbers of three business/work references who are *not* related to you and are *not* previous supervisors. If not applicable, list three school or personal references who are *not* related to you.

Name	Title	Relationship to You	Telephone	Yrs Known

RELATED INFORMATION

To what job-related organizations (professional, trade, etc) do you belong?

Exclude memberships that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve National Guard or any other similarly protected status.

Organization	Offices Held

List any special accomplishments, publications, awards, etc:

Exclude information that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve National Guard or any other similarly protected status.

In a current or prior job, have you ever written instructions or directions to be followed by employees or customers?

☐ Yes ☐ No ☐ Not Applicable

If YES, please explain: _____

Is there any other job-related information you want us to know about you? _____

Please fill out and email to vickis@highlightindustries.com

By submitting this application, you certify that all information provided is true, complete, and correct. You understand that any information provided that is found false, incomplete, or misrepresented in any respect, will be sufficient cause to eliminate you from further employment, or may result in your immediate discharge from the employer's service, whenever it is discovered.