

Application for Employment

Henniges Automotive
An Equal Opportunity Employer

Name:	Home Phone: ()	Cell Phone: ()	Best Time to Call:
Have you applied before? Yes ☐ No ☐	How did you hear about the opening?		
Were you referred by a Henniges employee? Yes ☐ No ☐			
Name:			

Instructions: Please furnish complete and accurate information. Applications will be verified. Incomplete applications will not be considered. You also may attach a resume detailing your professional, educational, and social activities.

Personal Information			
Last Name	First Name	Initial	Social Security Number
Current Address	City	State	Zip
Permanent Address (if different)	City	State	Zip
Home Phone: () Cell Phone: ()	Alternate Phone: () E-mail Address:		
Do you have the legal right to work in the U.S.? ☐ Yes ☐ No	Check if you are under 18 years of age: ☐	Other name(s) under which you attended school or were employed:	
Have you ever worked for Henniges Automotive? ☐ Yes ☐ No	Last plant or office:	Separation Date:	
Have you ever been convicted of a crime or violation other than minor traffic offense? ☐ Yes ☐ No If yes, please explain:			
Are there any pending felony charges against you? ☐ Yes ☐ No If yes, please explain:			
(A yes answer above will not necessarily automatically disqualify you for employment. Rather, such factors as age and date of conviction, seriousness and nature of the crime, and rehabilitation will be considered)			
Position Desired			
List positions for which you qualify:		First date you will be available to work:	
1.	Can you work any shift? ☐ Yes ☐ No		
2.	Shift preferred: ☐ 1 st ☐ 2 nd ☐ 3 rd		
3.	Are you able to train on any other shift for your preferred shift? If so, what shift(s)_____		
4.	Expected Rate or Salary: \$ per:		
5.	Would you be willing to relocate: ☐ Yes ☐ No		

Education, Special Interests, Qualifications						
Education	Years attended (From/To)	School, City & State	Course of Major and Minor	Certificate/ Diploma/ Degree	Graduate?	GPA
Grade/ High School (show last attended)					☐ Yes ☐ No	
Business/ Trade School	-				☐ Yes ☐ No	
College(s)/ Post-Graduate Education	1 -				☐ Yes ☐ No	
	2 -				☐ Yes ☐ No	
	3 -				☐ Yes ☐ No	
	4 -				☐ Yes ☐ No	
Employment information (Start with your present or most recent job)						
Instructions: List employment starting with your most recent employer. Account for all periods of time, including military service. If the space provided does not allow you to include the past ten years, attach an additional sheet or complete resume.						
From (Mo/Yr)	To (Mo/Yr)	Name of Company	Address		City, State	
Name of Supervisor		Phone ()	Reason for leaving			
Job Title and Duties						
Base Earnings \$	per	Explain any period between jobs				

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Base Earnings \$	per	Explain any period between jobs		

Other work experience within the past ten (10) years

Name, Address an Phone of Employer	Dates of Employment
1.	From (Mo/Yr) To (Mo/Yr)
2.	From (Mo/Yr) To (Mo/Yr)
3.	From (Mo/Yr) To (Mo/Yr)
4.	From (Mo/Yr) To (Mo/Yr)

Additional Experience or Qualifications

List any other experience, skills or qualifications, which you believe should be considered in evaluating your qualifications for employment. Please indicate any prior military service which you would like considered in connection with your application for employment

1.	2.
3.	4.
5.	6.

Authorization and acknowledgment

Please Read the Following Carefully Before Signing

- I have read and understand the statements contained in this application and I certify that they are true.
- I understand that making any false or incomplete statements or omitting requested information on this application or in my resume could be grounds for dismissal.
- Previous employers who are contacted by Henniges Automotive in connection with my application for employment have my authorization to respond to all inquiries concerning my previous work. Educational institutions also have my authorization to release information to Henniges Automotive relating to my education, degrees and other achievements I have stated on this application and/or in any resume I have supplied. I release Henniges Automotive, previous employers, and educational institutions of any claimed liability arising out of such response and disclosure in consideration of acceptance of my application.
- I understand that any offer of employment may be conditional upon the results of a background check and drug screen by physician selected by Henniges Automotive.
- If I become employed by Henniges Automotive, I agree to comply with its applicable orders, rules and regulations.
- Limitation on Claims: I agree that any lawsuit against Henniges Automotive Corp. and/or its agents arising out of my employment or termination of employment, including but not limited to claims arising under State or Federal civil rights statutes, must be brought within the following time limits or be forever barred:
 - for lawsuits requiring a Notice of Right to Sue from the EEOC, within 90 days after the EEOC issues that Notice; or
 - for all other lawsuits, within
 - 180 days of the event(s) giving rise to the claim, or
 - the time limit specified by statute, whichever is shorter.
 I waive any statute of limitations that exceeds this time limit.

Applicant's Signature:

Date:

Phone Number:

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Thank you for your interest in employment with Henniges Automotive Corporation

Voluntary Self-Identification Form for Federal Reporting Purposes

Henniges Automotive is committed to employ and advance in employment qualified individuals without regard to race, color, religion, sex, national origin, age, disability, veteran status or any other legally protected characteristic.

In effort to comply with requirements regarding government recordkeeping, reporting and other legal obligations, we ask that you complete this application data survey. Your cooperation is appreciated. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment.

Please be advised that your survey is not a part of your official application for employment and will be filed separately. The information provided will not be used in any hiring decision.

Name: _____

Date: _____

Position applied for: _____

Please check the appropriate responses.

Gender: ☐ Male ☐ Female

Referred By:

- ☐ Advertisement
- ☐ Employee (Name of Employee: _____)
- ☐ Relative
- ☐ Walk-in
- ☐ School
- ☐ Employment or Temporary Agency
- ☐ Other (Please Specify: _____)

Ethnicity:

Check one of the following Race/Ethnic Groups:

- ☐ White/Caucasian
- ☐ Black/African-American
- ☐ Hispanic
- ☐ Asian, not Hispanic or Latino
- ☐ Native Hawaiian or Other Pacific Islander, not Hispanic or Latino
- ☐ American Indian/Alaskan Native
- ☐ Two or more races, not Hispanic or Latino

Veteran's Status:

Check one of the following Veteran Groups:

- ☐ Special Disabled Veteran
- ☐ Vietnam Era Veteran
- ☐ Newly Separated Veteran
- ☐ Other Protected Veteran

Candidate Signature: _____

**This form is for federal reporting purposes only
Pre-Employment Inquiry Release**

In connection with my application for employment (including contract for services) with you, I understand that investigative background inquiries are to be made on myself, including criminal convictions, social security number verification, education verification, and previous employment verification. These reports will include information as to my character, work habits, performance, and experience, along with reasons for termination of past employment from previous employers. Further, I understand that you will be requesting information from various Federal, State, and other agencies which maintain records concerning my past activities relating to my criminal, civil, and other experiences.

I authorize without reservation, any party or agency contacted by this employer to furnish the above mentioned information.

I hereby consent to your obtaining the above information from the licensed agents. I understand that to aid in the proper identification of my file or records the following information is necessary to ensure the accuracy of the background check. I understand that this information is confidential and will not be used for any other purposes.

Please sign below to signify receipt of the disclosure.

Print Name: _____

Social Security Number: _____

Date of Birth (optional): _____

Address: _____

Applicant's Signature: _____

Date: _____

Prospective Employer: _____