

HOLO HOLO CHARTERS, INC.

Employment Application



APPLICANT INFORMATION					
Last Name		First		M.I.	Date
Street Address				Apartment/Unit #	
City		State		ZIP	
Phone		E-mail Address			
Position Applied for			How long have you been a resident?		
Date Available					
Are you a citizen of the United States?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Have you ever worked for this company?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?	
Have you ever been convicted of a felony?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain	
Can you perform the essential functions of the position for which you are applying with or without accommodations?				YES <input type="checkbox"/>	NO <input type="checkbox"/> If yes, with or without
Referral Source (Circle/check one) Employee Friend Relative Walk-in School Advertisement Other					
Crew/Captain Positions Only: Have you ever been convicted of any violation of the law that would have substantial relationship to the position you are applying for?				YES <input type="checkbox"/>	NO <input type="checkbox"/>
Crew/Captain Positions Only: Have you read the qualifications for Crew/Captain Position?				YES <input type="checkbox"/>	NO <input type="checkbox"/>

EDUCATION				
High School		Address		
From	To	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
College		Address		
From	To	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Other		Address		
From	To	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree

ACTIVITIES - Extracurricular & Organizational Activities
School/ Colleges:
Business/Professional/Technical:
Civic/Others:

REFERENCES - Please list three professional references	
Full Name	Relationship
Company	Phone ()
Address	

Full Name	Relationship
Company	Phone ()
Address	

Full Name	Relationship
Company	Phone ()
Address	

PREVIOUS EMPLOYMENT		
Company	Address	Phone ()
Job Title		
Responsibilities		
From	To	Reason for Leaving
Supervisor	May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Company	Address	Phone ()
Job Title		
Responsibilities		
From	To	Reason for Leaving
Supervisor	May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Company	Address	Phone ()
Job Title		
Responsibilities		
From	To	Reason for Leaving
Supervisor	May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>	
If now employed, why do you wish to leave?		
Have you ever been discharged or requested to resign? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, please explain		
Unemployment History – Please explain any period of unemployment longer than 30 days.		

MILITARY SERVICE	
Branch	From To
Occupational Specialty	Rank at Discharge
Type of Discharge (if other than honorable, explain)	

SKILLS & ABILITIES – Please check each of the following in which you are experienced or trainedComputer (Data Processing)? YES ☐ NO ☐ What software?

List any other experiences, skills, trades, or qualifications which you feel would specifically fit you for work with our company.

MEDICAL

You are not required to disclose information about physical or mental limitations that you believe will not interfere with your job performance. However, if you want the company to consider special arrangements to accommodate a physical or mental impairment you may suggest the kind of accommodation that you believe would be appropriate for consideration by the company.

VETERAN & REHABILITATION ACT**Special Employment Notice to Disabled Veterans, Vietnam Era Veterans, and Individuals with Physical or Mental Disabilities.**

The Vietnam Era Veterans Readjustment Act of 1974 requires that certain employers take affirmative action to employ and advance in employment, qualified disabled veterans and veterans of the Vietnam Era, and Section 503 of the Rehabilitation Act of 1973, as amended, requires certain employers to take affirmative action to employ and advance in employment qualified handicapped individuals.

If you are a disabled veteran or have a physical or mental disability, you are invited to volunteer this information. The purpose is to provide information regarding proper placement and appropriate accommodation to enable you to perform the job to the best of your ability in a proper and safe manner. This information will be treated as confidential. Failure to provide this information will not jeopardize or adversely affect your consideration for employment.

If you wish to be identified, please sign below:

Disabled Individual ☐ Disabled Veteran ☐ Vietnam Era Veteran ☐Signature Date**DISCLAIMER AND SIGNATURE**

I certify that the information contained in this application is true and correct to the best of my knowledge and understand that any false or misleading statements or omissions, whenever discovered, regarding this application are grounds for disqualification from further consideration or for dismissal from employment.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

If employed by the company, I agree to conform to the guidelines and policies of the company and understand that my employment is at will and can be terminated at any time with or without cause.

I authorize the company to verify all references and information provided by me in this application and release the company, any person or company responding to any reference or information from any claim or liability regarding any information or opinion supplied. I understand that any offer of employment is a subject to satisfactory references.

I also understand and agree that I may be required to submit a complete medical examination during my employment with the company, provided that such examination is job related and consistent with business necessity. The cost of the examination will be paid by the company.

I authorize the physician conducting the examination to disclose the results of the examination to the company in accordance with the State and Federal Laws. The company will keep the results confidential and disclose the results only to persons who need to know or as where required by law.

I acknowledge my understanding that statements which may be contained in policies, practices, Handbooks and other company material do not create any guarantee of employment.

I understand that the company has the right to modify, amend, or terminate policies, practices, benefit plans, and other company programs within the limits and requirements imposed by law.

Signature Date

Printed Name