

Employment Record*Please list most recent position first*

Employer Name: _____ Employed from: _____ to: _____ Pay Rate: \$ _____

Address: _____
Street City State Zip Code

Supervisor: _____ Phone #: _____ Position: _____

Duties Performed: _____

Reason for Leaving: _____

May contact them? ☐ Yes ☐ No If no, please explain: _____

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May contact them? ☐ Yes ☐ No If no, please explain: _____

What do you believe best qualifies you for the position you are seeking with Hawkins-Graves, Inc.? _____

_____**Corporate Statement**

IT IS THE POLICY OF HAWKINS GRAVES INC TO PROVIDE EQUAL OPPORTUNITY EMPLOYMENT AND ADVANCEMENT TO QUALIFIED INDIVIDUALS WITHOUT REGARD TO RACE, COLOR, RELIGION, AGE, SEX, NATIONAL ORIGIN, ANCESTRY, DISABILITY, MEDICAL CONDITION, VETERAN STATUS, MARITAL STATUS, OR ANY NON, JOB-RELATED FACTOR.

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. This application for employment shall be considered active for a period of time not to exceed 30 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time. I understand that if I am offered a job, I must successfully complete a drug screening procedure. Successfully completing the pre-employment drug screen is a condition of employment. In the event that I am offered employment, I understand that any false or misleading information given in my application or interview(s) may result in my discharge. I also understand that I will be required to abide by all rules and regulations of Hawkins Graves, Inc. Hawkins-Graves, Inc does administer random drug testing to all current employees. I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with Hawkins Graves, Inc. will be of an "at will" nature, which means that I may resign at any time and that Hawkins Graves, Inc. may discharge me at any time with or without cause. I also understand that this "at will" employment relationship any not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized representative of this company.

Signature of Applicant

Printed Name

Date

Hawkins-Graves office use only:

Ref Checked By / Date	Start Date	Branch/Position	Rate of Pay