Human Support Services
APPLICATION FOR EMPLOYMENT

Provide all information requested by typing into this form or printing it and completing in ink. Use the 'TAB' key to move through the document. Email to humanresources@hss1.org. Mail to Human Support Services, PO Box 146, Waterloo, IL 62298-0146.

GENERAL INFORMATION

Name (Last)	Maiden Name (if any)	(First)		(Middle Initial)	Home Telephone ( ) -
Address (Mailing Address)		(City)	(State)	(Zip)	Other Telephone ( ) -
E-Mail Address		Are you legally entitled to work in the U.S.? ☐ Yes ☐ No			

POSITION

Position or Type of Employment Desired	Will Accept: ☐ Part-Time ☐ Full-Time ☐ Temporary	Shift: ☐ Day ☐ Swing ☐ Midnights ☐ Rotating
Are you able to perform the essential functions of the job you are applying for, with or without reasonable accommodation? ☐ Yes ☐ No		
Salary Desired	Date Available to Start	

EDUCATION AND TRAINING

High School Graduate Or General Education (GED) Test Passed? ☐ Yes ☐ No
City and **State** of High School Attended:

College, Business School, Military or Other Training (Most recent first)

Name and Location	Dates Attended Month/Year	Graduate	Degree & Year	Major or Subject
	From	☐ Yes ☐ No		
	To			
	From	☐ Yes ☐ No		
	To			
	From	☐ Yes ☐ No		
	To			

Occupational License, Certificate or Registration	Number	Where Issued	Expiration Date
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Languages Read, Written or Spoken Fluently Other Than English

VETERAN INFORMATION (Most recent)

Branch of Service	Date of Entry	Date of Discharge

SPECIAL SKILLS (List all pertinent skills and equipment that you can operate)

(Maximum 1000 characters)

WORK EXPERIENCE (Most Recent First) (Include voluntary work and military experience)

Employer	Telephone Number ( ) -	From (Month/Year)
Address		
Job Title	Number Employees Supervised	To (Month/Year)
Specific Duties (Maximum 1000 characters)		Hours Per Week
		Last Salary
		Supervisor
Reason For Leaving	May We Contact This Employer? ☐ Yes ☐ No	

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Address		
Job Title	Number Employees Supervised	To (Month/Year)
Specific Duties (Maximum 1000 characters)		Hours Per Week
		Last Salary
		Supervisor
Reason For Leaving	May We Contact This Employer? ☐ Yes ☐ No	

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		Last Salary
		Supervisor
Reason For Leaving	May We Contact This Employer? ☐ Yes ☐ No	

I certify the information contained in this application is true, correct, and complete. I understand that, if employed, false statements reported on this application may be considered sufficient cause for dismissal.

Signature of Applicant (*type name if emailing*) _____	Date _____

Interviewer's Comments: