

APPLICATION FOR EMPLOYMENT



HYCAL CORP. IS AN EQUAL OPPORTUNITY EMPLOYER AND DOES NOT DISCRIMINATE ON THE BASIS OF RACE, COLOR, RELIGION, SEX, AGE, NATIONAL ORIGIN, LANGUAGE OR ON THE BASIS OF DISABILITIES, IF OTHERWISE QUALIFIED.

ALL PORTIONS OF THIS APPLICATION PERTAINING TO YOU MUST BE COMPLETED. A MEDICAL EXAMINATION, INCLUDING A DRUG TEST, IS A REQUIREMENT IF YOU RECEIVE A JOB OFFER. YOUR OFFER OF EMPLOYMENT WILL BE CONDITIONED ON THE RESULT OF THE MEDICAL EXAMINATION.

IF AFTER NINETY (90) DAYS FROM THE DATE OF THIS APPLICATION YOU HAVE NOT BEEN CONTACTED BY THE COMPANY AND YOU STILL DESIRE TO BE CONSIDERED FOR A POSITION WITH THE COMPANY, YOU MUST SUBMIT A NEW EMPLOYMENT APPLICATION FOR A VACANT POSITION.

Position: _____ Date: _____

Name: _____
Last First Middle I. Social Security Number

Address: _____
Number Street City State Zip

Home Phone #: _____ Cell Phone #: _____

How did you learn about our company? _____

Were you referred to HyCAL by one of our employees? _____ Name of employee: _____

Are you related to a HyCAL employee? _____ Name of employee: _____

Are you a citizen of the United States? _____ Work Permit #: _____

Have you served in the Armed Services of the United States? _____ Branch: _____

Are you at least 18 years of age? _____ Have you ever applied for a job with the Company? _____

What experience or skills qualify you for work at HyCAL? _____

Have you ever been convicted of a crime? NO _____ YES _____

If yes, indicate the date(s), nature and place of each offense and disposition of the case. If you answer yes, you will not automatically be disqualified from consideration.

<u>Date</u>	<u>Nature</u>	<u>Place</u>	<u>Disposition</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

EDUCATION

SCHOOL NAME		ADDRESS	CIRCLE LAST YEAR COMPLETED		DID YOU GRADUATE?	DIPLOMA OR DEGREE
High School			9	10		
			11	12		
College			1	2		
			3	4		
Other			1	2		
			3	4		

EMPLOYMENT RECORD (list most recent position first)

DATES	NAME AND ADDRESS OF EMPLOYER	JOB TITLE AND DUTIES	RATE OF PAY	REASON FOR LEAVING
FROM:				
TO:	TELEPHONE:	SUPERVISOR:		
FROM:				
TO:	TELEPHONE:	SUPERVISOR:		
FROM:				
TO:	TELEPHONE:	SUPERVISOR:		

PLEASE READ THE LANGUAGE BELOW CAREFULLY, SHOULD YOU HAVE ANY QUESTIONS REGARDING THIS LANGUAGE, PLEASE SEEK ASSISTANCE PRIOR TO SIGNING THIS DOCUMENT.

I certify that the information contained in this application is true, accurate and complete. I understand that falsification of this Application in any detail may result in disqualification from further consideration, or, if hired, immediate dismissal without notice from employment. As a condition of employment, I understand the Company reserves the privilege to thoroughly investigate and verify all information contained in this Application, including but not limited to contacting any of the aforementioned employers, supervisors and references. I agree to indemnify and save harmless the Company from and against any liabilities, claims, attorney fees, costs, causes of action or other liability arising directly or indirectly from, or associated with, this Application.

I agree to conform to the rules and regulations of the Company, and I understand that my employment and compensation can be terminated, with or without cause, at any time, at the option of either the Company or myself. I further understand that no personnel recruiter or interviewer or other representative of the Company, other than its President or Vice President in an agreement signed by all parties, has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing.

Signature of Applicant: _____

HyCalapp071116

