

HAVAR INC. APPLICATION FOR EMPLOYMENT

AN EQUAL OPPORTUNITY EMPLOYER  
(PLEASE PRINT)

Date of application: \_\_\_\_\_ Position(s) applied for: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_  
Last First Middle area code

Cell Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_ email address: \_\_\_\_\_.

Address: \_\_\_\_\_  
Number Street City State Zip Code

If you are under 18 years of age can you furnish a work permit: yes no

Have you filed an application with Havar Inc. before? yes no

If yes, what date? \_\_\_\_\_

Have you ever been employed by Havar Inc. before? yes no

If yes, give dates. \_\_\_\_\_  
Start End

Are you currently employed? yes no

If yes, may we contact your current employer? yes no

Are you prevented from lawfully becoming employed  
in this country due to visa or immigration status? yes no

(Proof of citizenship or immigration status will be required upon employment.)

On what date would you be available for work? \_\_\_\_\_

When are you available to work? full time part time shift work temporary

Have you been convicted of a felony within the last 7 years? \* yes no

(Conviction will not necessarily disqualify you for employment.)

If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

HAVAR INC. APPLICATION FOR EMPLOYMENT

**EDUCATION**

	HIGH SCHOOL				VOCATIONAL TRAINING				COLLEGE UNIVERSITY				GRADUATE PROFESSIONAL			
SCHOOL NAME																
YEARS COMPLETED	9	10	11	12	1	2	3	4	1	2	3	4	1	2	3	4
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DIPLOMA DEGREE																
DESCRIBE COURSE OF STUDY																
DESCRIBE SPECIALIZED TRAINING, APPRENTICES, SKILLS AND EXTRA CURRICULAR																

HONORS RECEIVED:

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*(State any additional information you feel may be helpful to us in considering your application.)*

List professional, trade, business or civic activities and offices held. (You may exclude memberships that would reveal sex, race, religion, national origins, age, ancestry, disability or other protected status.)

Give name, address and telephone numbers of three references who are not related to you and are not previous employers.

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

3. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

**EMPLOYMENT EXPERIENCE**

Start with your present or most recent job. Include military service assignments and volunteer activities other than those that may reveal any protected status.

<b>1.</b>	<b>Employer:</b>		<b>Dates Employed</b>	
	<b>Address:</b>		<b>From</b>	<b>To</b>
	<b>Phone Number:</b>		<b>Hourly rate / Salary</b>	
	<b>Job Title:</b>	<b>Supervisor:</b>	<b>Starting:</b>	<b>Final:</b>
	<b>Work performed:</b>			
	<b>Reason for leaving:</b>			

HAVAR INC. APPLICATION FOR EMPLOYMENT

<b>2.</b>	<b>Employer:</b>		<b>Dates Employed</b>		
	<b>Address:</b>		<b>From</b>	<b>To</b>	
	<b>Phone Number:</b>		<b>Hourly rate / Salary</b>		
	<b>Job Title:</b>	<b>Supervisor:</b>	<b>Starting:</b>	<b>Final:</b>	
	<b>Work performed:</b>				
	<b>Reason for leaving:</b>				

<b>3.</b>	<b>Employer:</b>		<b>Dates Employed</b>		
	<b>Address:</b>		<b>From</b>	<b>To</b>	
	<b>Phone Number:</b>		<b>Hourly rate / Salary</b>		
	<b>Job Title:</b>	<b>Supervisor:</b>	<b>Starting:</b>	<b>Final:</b>	
	<b>Work performed:</b>				
	<b>Reason for leaving:</b>				

<b>4.</b>	<b>Employer:</b>		<b>Dates Employed</b>		
	<b>Address:</b>		<b>From</b>	<b>To</b>	
	<b>Phone Number:</b>		<b>Hourly rate / Salary</b>		
	<b>Job Title:</b>	<b>Supervisor:</b>	<b>Starting:</b>	<b>Final:</b>	
	<b>Work performed:</b>				
	<b>Reason for leaving:</b>				

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Special skills and Qualifications:

Summarize special skills and qualifications acquired from employment experience or education.

Office use:

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**Applicants 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 the employment decision.

This application for employment shall be considered active for a period of time not to exceed 180 days. If I wish to be considered for employment beyond this time period I understand that I need to inquire as to whether or not applications are being accepted at that time.

I understand that neither this document nor any offer of employment from Havar Inc. constitutes an employment contract unless a specific document to that effect is executed by Havar Inc. and me in writing.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand also, that I am required to abide by all rules and regulations of Havar Inc.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Note: all emailed resumes should be sent in MS Word or PDF format  
[www.havar.org](http://www.havar.org)

You can submit this application by mail or drop off to:

Havar Inc.  
396 Richland Ave  
P.O. Box 460  
Athens, OH 45701  
Phone Number: (740) 594-3533  
Fax Number: (740) 593-3894

or  
Havar Inc.  
416 Third Street  
P.O. Box 1107  
Marietta, OH 45750  
Phone Number: (740) 373-7175  
Fax Number: (740) 373-7116