

APPLICATION FOR EMPLOYMENT



We are an equal opportunity employer, and all qualified applicants will receive consideration for employment without regard to race, color, religion, sex, national origin, disability status, protected veteran status, or any other characteristic protected by law.

PERSONAL INFORMATION

Name (First, MI, Last)	Date of Application
Mailing Address	City, State, and Zip Code
Email Address	Telephone
If necessary, best time to call is? <input type="checkbox"/> AM <input type="checkbox"/> PM	Alternate phone

ADDITIONAL INFORMATION

Are you eligible to work in the U.S?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you at least 18 year or older? (If no, you may be required to provide authorization to work.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you submitted an application to Harvard Integrations before? If yes, give date(s) and position(s): _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you able to perform the essential functions of the job for which you are applying, with or without a reasonable accommodation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

EMPLOYMENT INFORMATION

Date you can start	Position Desired
Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Will you work overtime if required? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain: _____

REFERRAL SOURCE

How did you hear about us? _____

Skills & Qualifications

Summarize any special training, education, skills, licenses and/or certificates that may assist you in performing the position for which you are applying:

EMPLOYMENT HISTORY

From	To	Employer Name	Telephone
Job Title		Address	
Immediate supervisor and title		Summarize the nature of work performed and job responsibilities	
Reason for leaving			
From	To	Employer	Telephone
Job Title		Address	
Immediate supervisor and title		Summarize the nature of work performed and job responsibilities	
Reason for leaving			

Please read carefully before signing.

I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for Harvard Integrations to hire me. If I am hired, I understand that either Harvard Integrations or I can terminate my employment at any time and for any reason, with or without cause and without prior notice. I understand that no representative of Harvard Integrations has the authority to make any assurance to the contrary.

I attest with my signature below that I have given to Harvard Integrations true and complete information on this application. No requested information has been concealed. I authorize Harvard Integrations to contact references provided for employment reference checks. If any information I have provided is untrue, or if I have concealed material information, I understand that this will constitute cause for the denial of employment or immediate dismissal. I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from employer and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application. I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

Date _____ Signature _____



Any questions please
contact us at:
605-368-5306



Check us
out on
online!