|  |  |  |
| --- | --- | --- |
|  |  |  |

**Applicants must be 18 years of age for consideration.**

**Complete all information requested or application may not be considered. Resumes are not a valid substitute.**

|  |  |
| --- | --- |
| PLEASE PRINT OR TYPE | Application Date                 |
| **Personal Information** |
| **Full Legal Name (First Name, Middle and Last Name)**       | Date of Birth (D.O.B.)        E-mail Address       |
| **Street Address (Name of street and number.)**      | **Apt. #**       | **City/State/Zip Code**                  |
| **Mailing Address**      | **Apt. #**      | **City/State/Zip Code**                  |
| Home Phone       | Cell Phone       | Pager      | Fax      |
| **In order to check your employment and education records, please list any other names that you have previously used:**      |
| **Position(s) Applied For** |
| **Type(s) of employment sought:** [ ]  Full-time [ ]  Part-time (less than 32 hours per week) [ ]  Temporary (short-term)**Date Available to Start**  *(MM/DD/YYYY format)*      **Available to interview by phone?** [ ]  Yes [ ]  No***If Yes*, please provide the dates/times:**      **Available to interview In Person?** [ ]  Yes [ ]  No ***If Yes*, please provide the dates/times:**      **If necessary, what are the best times to call you at home?**       |
| **Referral Source** |
| [ ]  Newspaper Advertisement[ ]  Relative or Friend | [ ]  Walk–in[ ]  Employment Agency | [ ]  State Employment Office | [ ]  Internet, please specify:           [ ]  Other, please specify:            |
| **Have you ever been employed by Her Mind Her Body before?**  [ ]  Yes [ ]  No ***If Yes*, when were you employed, and at which location?**       |
| **Current Work Status** |
| **May we contact your current employer?** [ ]  Yes [ ]  No***If No*, please explain.**      **May we contact you at work?** [ ]  Yes [ ]  No ***If Yes*, list your work number and the best time(s) to call.**      **Are you currently on lay-off status and subject to recall?** [ ]  Yes [ ]  No ***If Yes*, please explain.**       |
| **Preferences** |
| **Will you relocate if job requires it?** [ ]  Yes [ ]  No**Will you travel if job requires it?** [ ]  Yes [ ]  No **What percentage?** **Willing to commute if the job requires it?** [ ]  Yes [ ]  No***If Yes*, how far? minutes/hours/miles** **What type of work are you looking for?** [ ]  Full Time [ ]  Part Time**What shifts are you available to work?** [ ]  Days [ ]  Nights [ ]  Weekends [ ]  12-hour shifts [ ]  7 AM - 3 PM [ ]  3 PM - 11 PM [ ]  11 PM - 7 AM**What days are you available to work?** [ ]  Sunday [ ]  Monday [ ]  Tuesday [ ]  Wednesday [ ]  Thursday [ ]  Friday [ ]  Saturday**Are you unavailable to work any time during the next 3-6 months?** [ ]  Yes [ ]  No***If Yes*, please list the unavailable dates below.**  |
|  |
|  |
|  |
| **Employment History** (Reference to resume is not acceptable) |
| *Provide the following information for your previous employers, starting with the most recent. Please explain any gaps in your employment.* |
| ➊ | **Employer** *(If temporary, provide service company as well as company assigned to)*      | **Job Title**      |
| **From To** *(MM/DD/YYYY)*           **Her Mind Her Body Placed?** [ ]  Yes [ ]  No | **Job Type** *(choose one)* [ ]  Billable [ ]  Regular [ ]  Contract [ ]  TemporaryOther:      **Position Status** *(choose one)* [ ]  Current [ ]  Prior **Are/were you a hiring manager?** [ ]  Yes [ ]  No |
| **Address**      | **Phone**      |
| **Immediate Supervisor/Title**      | **Summarize the nature of the work performed/job responsibilities**      |
| **Reason for Leaving**      | **Starting Wages (Hourly/Salary)**Starting Wages:      Per: [ ]  Hour [ ]  Week [ ]  YearOther:       | **Final Wages (Hourly/Salary)**Final Wages:      Per: [ ]  Hour [ ]  Week [ ]  YearOther:       |

|  |  |  |
| --- | --- | --- |
| ➋ | **Employer** *(If temporary, provide service company as well as company assigned to)*      | **Job Title**      |
| **From To** *(MM/DD/YYYY)*             | **Job Type** *(choose one)* [ ]  Billable [ ]  Regular [ ]  Contract [ ]  TemporaryOther:      **Position Status** *(choose one)* [ ]  Current [ ]  Prior **Are/were you a hiring manager?** [ ]  Yes [ ]  No |
| **Address**      | **Phone**      |
| **Immediate Supervisor/Title**      | **Summarize the nature of the work performed/job responsibilities**      |
| **Reason for Leaving**      | **Starting Wages (Hourly/Salary)**Starting Wages:      Per: [ ]  Hour [ ]  Week [ ]  YearOther:       | **Final Wages (Hourly/Salary)**Final Wages:      Per: [ ]  Hour [ ]  Week [ ]  YearOther:       |

|  |  |  |
| --- | --- | --- |
| ➌ | **Employer** *(If temporary, provide service company as well as company assigned to)*      | **Job Title**      |
| **From To** *(MM/DD/YYYY)*           **Her Mind Her Body Placed?** [ ]  Yes [ ]  No | **Job Type** *(choose one)* [ ]  Billable [ ]  Regular [ ]  Contract [ ]  TemporaryOther:      **Position Status** *(choose one)* [ ]  Current [ ]  Prior **Are/were you a hiring manager?** [ ]  Yes [ ]  No |
| **Address**      | **Phone**      |
| **Immediate Supervisor/Title**      | **Summarize the nature of the work performed/job responsibilities**       |
| **Reason for Leaving**      | **Starting Wages (Hourly/Salary)**Starting Wages:      Per: [ ]  Hour [ ]  Week [ ]  YearOther:       | **Final Wages (Hourly/Salary)**Final Wages:      Per: [ ]  Hour [ ]  Week [ ]  YearOther:       |

|  |  |  |
| --- | --- | --- |
| **➍** | **Employer** *(If temporary, provide service company as well as company assigned to)*      | **Job Title**      |
| **From To** *(MM/DD/YYYY)*           **Her Mind Her Body Placed?** [ ]  Yes [ ]  No | **Job Type** *(choose one)* [ ]  Billable [ ]  Regular [ ]  Contract [ ]  TemporaryOther:      **Position Status** *(choose one)* [ ]  Current [ ]  Prior **Are/were you a hiring manager?** [ ]  Yes [ ]  No |
| **Address**      | **Phone**      |
| **Immediate Supervisor/Title**      | **Summarize the nature of the work performed/job responsibilities**      |
| **Reason for Leaving**      | **Starting Wages (Hourly/Salary)**Starting Wages:      Per: [ ]  Hour [ ]  Week [ ]  YearOther:       | **Final Wages (Hourly/Salary)**Final Wages:      Per: [ ]  Hour [ ]  Week [ ]  YearOther:       |

|  |
| --- |
| **Government Security Clearance** |
| **Have you held a government security clearance?** [ ]  Yes [ ]  No ***If Yes*, list the date of last clearance and level of clearance held below.****Date of Last Clearance:**       **Clearance Level:**       |

|  |
| --- |
| **Work Eligibility** |
| **Are you legally authorized to work in the United States?** [ ]  Yes [ ]  No**Do you now or in the future, require sponsorship for employment visa status?** [ ]  Yes [ ]  No ***If ‘Yes’*, list the type of visa below**      ***For an H1-B visa*, what company currently holds your visa:**      **Do you prefer to stay with this company?** [ ]  Yes [ ]  No ***If you do not have a visa*, do you have a Work Authorization card?** [ ]  Yes [ ]  No |

|  |
| --- |
| **Educational Background** |
|  | **Name & Location (City/State)** | **Course of Study / Major / Degree / Certification** | **Did You****Graduate?** | **Degree****Earned?** |
| **High School** |       |       | [ ]  Yes[ ]  No | [ ]  Yes[ ]  No |
| **College** |       |       | [ ]  Yes[ ]  No | [ ]  Yes[ ]  No |
| **College** |       |       | [ ]  Yes[ ]  No | [ ]  Yes[ ]  No |
| **Other** |       |       | [ ]  Yes[ ]  No | [ ]  Yes[ ]  No |

|  |
| --- |
| **Licensure** |
| *(If applicable) Please enclose a copy of each license.* |
| **License type / number**      | **State**   | **Active?**[ ]  Yes [ ]  No | **Expiration Date** *(MM/DD/YYYY format)*      |
| **License type / number**      | **State**   | **Active?**[ ]  Yes [ ]  No | **Expiration Date** *(MM/DD/YYYY format)*      |
| **License type / number** | **State**   | **Active?**[ ]  Yes [ ]  No | **Expiration Date** *(MM/DD/YYYY format)*      |
| **Have you ever had a disciplinary action taken against any of your licenses?** [ ]  Yes [ ]  No, *If Yes, please* explain. |

|  |
| --- |
| **Business References** |
| *Provide us with the names and business telephone numbers of prior employers, superiors, subordinates and/or coworkers. If previous employers will not disclose information without a signed release, please ask for one or the appropriate number needed. Do not provide personal references.* |
| **Name** | **Position / Title** | **Relationship***(superior / subordinate / coworker)* | **Employer / Company** | **Work Telephone / Ext.** |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |

***If you have additional employers to provide, please attach on a separate sheet of paper***

**Have you executed any agreement with any previous employer which may impose restrictions on your potential employment with Her Mind Her Body?**

|  |
| --- |
| **Applicant Acknowledgement** |
| I have reviewed the information provided on this application and acknowledge by my signature below that it is true, complete, and accurate.I understand my employment or continued employment with Her Mind Her Body is contingent upon successful completion of any reference, employment and/or drug screening that will be run when applicable. I further understand that all statements made by me in connection with my application for employment may be checked by Her Mind Her Body and that any misstatements or omissions in this application, regardless of the time of discovery, may result in a decision not to hire me, or to discharge me if discovered after I am hired. I authorize Her Mind Her Body to contact my prior employers and other sources of information regarding my background, and I authorize each such employer and source of information to answer any and all questions regarding my prior employment and background. I hereby indemnify Her Mind Her Body and any of my prior employers or any other sources of information contacted for, and agree to hold them harmless from, any claims arising from the disclosure of information concerning my prior employment and background.I agree that, if at any time during my application and interviewing process, I believe I have been subjected to improper discrimination or harassment; I will immediately contact a Her Mind Her Body manager or a Corporate Human Resources Representative immediately to obtain assistance in resolving the matter.I understand that should I receive an offer of employment from Her Mind Her Body, I may be required to sign a Non-Disclosure Agreement (NDA) and/or Employment Agreement as a condition of my employment.I acknowledge that this application does not constitute an agreement or contract for employment. I understand that if Her Mind Her Body hires me my employment will be on an “at will” basis. Her Mind Her Body may terminate my employment at any time, with or without cause, and I may resign at any time, with or without cause, unless otherwise agreed in writing in a separate agreement signed by myself and an authorized representative of Her Mind Her Body.**Consultant or Temporary Employee Applicants Only**: I understand Her Mind Her Body may require me to consent to a drug test, background check, consumer report and/or investigative consumer report (“Investigations”) prior to commencing services. If such Investigations are conducted, my signature below indicates that I consent to release of the results to Her Mind Her Body, and that any authorization or release form I sign shall be deemed to include consent for Her Mind Her Body to receive the results. I agree to cooperate with Her Mind Her Body and to take any further reasonable steps required to ensure the results of Investigations are released to Her Mind Her Body.*Her Mind Her Body is an Equal Opportunity Employer and, as such, does not discriminate on the basis of race, color, religion, gender, national origin, disability, age, or other protected status. If you need a reasonable accommodation during the application or interviewing process, please let us know. In alignment with this clause, Her Mind Her Body does not hire individuals who can be excluded from participating in Federally funded programs due todue criminal offenses.*  |

*If you have executed any agreement which may impose restrictions on your potential employment with Her Mind Her Body, you must consult your own counsel as to the enforceability and application of the contract or agreement. By signing this application, you agree to hold harmless and indemnify Her Mind Her Body as to any liability incurred by Her Mind Her Body as a result of your application for employment with Her Mind Her Body, your actual employment with Her Mind Her Body, or any claim by any*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Applicant Name** *(Printed)* |  | **Applicant Name** *(Signature)* |  | **Date** *(MM/DD/YYYY Format)* |

*previous employer that you have violated the terms of any agreement imposing restrictions on your potential or actual employment with Her Mind Her Body*

**I represent and warrant that I have read and fully understand the foregoing and seek employment under these conditions.**