



HI GEO LLC

Mental Health Program

## APPLICATION FOR EMPLOYMENT

*Please answer all questions. If one does not apply, write N/A. Equal access programs, services and employment is available to all persons. Reasonable accommodations will be made for applicants who require accommodation for the application or interview process, and if hired, to perform essential functions of a job.*

### PERSONAL INFORMATION

*(Please Print or Type. Use black ink only)*

Applicant's Full Name: \_\_\_\_\_  
Last First Middle Initial

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ DOB: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

### POSITION / AVAILABILITY

Application Date: \_\_\_\_\_

Position applied for or type of employment desired: \_\_\_\_\_

Available For: ☐ Full Time ☐ Part Time ☐ Temporary ☐ Other \_\_\_\_\_

Available Start Date: \_\_\_\_\_

Are you available to work weekends, if required? ..... ☐ Yes ☒ No

Are you available to work overnights for your job, if necessary? ..... ☒ Yes ☐ No

State any limitations on your working hours: \_\_\_\_\_

Salary Requirements \$ \_\_\_\_\_ per \_\_\_\_\_ (hour/week/year)

Are you currently employed? ..... ☐ Yes ☒ No



How did you learn about HI GEO, LLC.?

Have you previously applied for employment at HI GEO, LLC.? ..... ☐ Yes ☒ No

Have you been previously employed at HI GEO, LLC.? ..... ☐ Yes ☒ No

If Yes, Position held: \_\_\_\_\_ Date: \_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_ Do you have friends/relatives working for HI GEO, LLC.? ..... ☐ Yes ☒ No

If Yes please list their names: \_\_\_\_\_

If you are offered a job or position:

Are you willing to take a post-offer medical examination to the extent permitted by ADA?..... ☒ Yes ☐ No

Are you 18 years of age or older? ..... ☒ Yes ☐ No

Are you eligible to work in the U.S.? ..... ☒ Yes ☐ No

If not, do you have proper work permits? ..... ☒ N/A ☐ Yes ☐ No

*\*Proof of eligibility will be required before you can be hired.*

Do you have a valid driver's license? ..... ☒ Yes ☐ No

Do you have a reliable, insured mean of transportation? ..... ☒ Yes ☐ No

Are you willing to travel (*locally*) in the performing of your duties? ..... ☒ Yes ☐ No

Has your driver's license ever been suspended or revoked? ..... ☐ Yes ☒ No

If Yes, please explain: \_\_\_\_\_

Have you pleaded guilty to a crime within the last 7 years? ..... ☐ Yes ☒ No

Have you been convicted of a crime within the last 7 years? ..... ☐ Yes ☒ No

Have you been on probation within the last 7 years? ..... ☐ Yes ☒ No

If the answer to any of these questions is Yes, please give as many details as you can: \_\_\_\_\_

\_\_\_\_\_

*A plea of guilty or a conviction will not necessarily prevent you from being employed. Factors such as age at time of the offense, seriousness and nature of the offense, and rehabilitation efforts will be taken into account.*

Have you ever been accused of or investigated for child abuse/neglect? ..... ☐ Yes ☒ No

If Yes, please explain: \_\_\_\_\_

## EDUCATION

(You may be asked to provide a copy of your diploma)

Name, City and State	Course of Study / Major	Date from	Date to	Degree / Diploma
High School				
College				
Graduate School				
Business, Trade or other				



EMPLOYMENT HISTORY				
List past employment record, starting with your most current employer ( <i>including military service</i> )				
Employer			Supervisor or contact person	
Address			Phone Number	
Employed from	Employed to	Position Held	Start Salary	End Salary
Job description, duties and responsibilities:				
Reason for Leaving:				
Employer			Supervisor or contact person	
Address			Phone Number	
Employed from	Employed to	Position Held	Start Salary	End Salary
Job description, duties and responsibilities:				
Reason for Leaving:				
Employer			Supervisor or contact person	
Address			Phone Number	
Employed from	Employed to	Position Held	Start Salary	End Salary
Job description, duties and responsibilities:				
Reason for Leaving:				
If you are known by other names at other employers listed under "Employment History," please list those names:				
<div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div>				

**Please tell us about any skills that apply to you:**

Do you speak any language other than English? ..... ☒ Yes ☐ No

List any languages that you speak: \_\_\_\_\_



Do you know sign language? ..... ☐ Yes ☒ No

**Please list your areas of highest proficiency, special skills or other items that may contribute to your abilities in performing the above mentioned position:**

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PERSONAL REFERENCES		
<i>Name</i>	<i>Phone Number</i>	<i>Relationship</i>

ACKNOWLEDGEMENT
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**Please read carefully before signing:**

- I certify that the information contained in this application and any addendum is correct to the best of my knowledge and understand that any falsification, misrepresentation or omission on this application is grounds for refusal to hire, or if hired, dismissal. I authorize any of the persons or organizations referenced in this application to give HI GEO, LLC. (herein after the "Agency") any and all information concerning my previous employment, education, or any other information they might have, personal or otherwise, with regard to any of the subjects covered by this application and release all such parties and the Agency from all liability for any damage that may result from furnishing such information. I authorize the Agency to request and receive such information.
- If employed, I understand that I will be an employee "at-will" and the Agency may terminate my employment relationship at any time with or without notice for any reason not in violation of the law.
- I agree to comply with the Agency rules, regulations and policies, and I acknowledge that these rules, regulations and policies may be changed, interpreted, or supplemented any time, with or without prior notice to me.
- I acknowledge that any offer of employment, or my acceptance of an employment offer, if such is to occur, may be withdrawn, with or without cause, and with or without prior notice, at any time, at the option of the Agency. I understand that this application and any other documents, which I may receive, are not contracts of employment. I further understand no representative of the Agency other than an officer has any authority to enter into any agreement for employment for any specified period of time or to assure any other personnel action, either prior to commencement of employment or after I have become employed, or to assure any benefits or terms and conditions of employment, or make any agreement contrary to the foregoing.
- I understand that any employment offer will be contingent upon the successful completion of employment-related investigations, examinations and tests including but not limited to: drug testing for the presence of controlled substances, job-related medical examination, consumer credit reports, motor vehicle reports, workers' compensation records, criminal backgrounds, and aptitude or skills testing.

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

\_\_\_\_\_  
Date