

APPLICATION FOR EMPLOYMENT

Highland Corporation considers applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, veteran status, sex, or any other legally protected characteristic.

(PLEASE PRINT)

Position(s) Applied For		Date of Application	
How Did You Learn About Us? <input type="checkbox"/> Advertisement <input type="checkbox"/> Friend <input type="checkbox"/> Walk-In <input type="checkbox"/> Employment Agency			
<input type="checkbox"/> Relative <input type="checkbox"/> Other _____			
Last Name	First Name	Middle Name	
Address	City	State	Zip Code
Telephone Number(s) (Home)	(Work)	Social Security Number - -	

If you are under 18 years of age, can you provide required proof of eligibility to work? Yes No Are you currently employed? Yes No

Have you ever filed an application with us before? Yes No May we contact your present employer? Yes No

If yes, give date _____

If hired, can you show proof of identity and legal authorization to work in the United States? (Proof of citizenship or immigration status will be required upon employment.) Yes No

On what date would you be available for work? _____

Are you available to work: Full Time Part Time Temporary

Are you currently on "Lay-off" status and subject to recall? Yes No

Can you travel if a job requires it? Yes No

If presently employed, why do you desire to change your position? _____

Have you been convicted of a criminal offense within the last 7 years? (Conviction will not necessarily disqualify an applicant from employment?) Yes No

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which include race, color, religion, gender, national origin, disabilities, or other protected status. If you need additional space, please continue on a separate sheet of paper.

Employer		Dates Employed		Work Performed
		To	From	
Address		Hourly Rate/Salary		
		Starting	Final	
Telephone Number(s)	Supervisor			
Job Title	Reason for Leaving			
Employer		Dates Employed		Work Performed
		To	From	
Address		Hourly Rate/Salary		
		Starting	Final	
Telephone Number(s)	Supervisor			
Job Title	Reason for Leaving			
Employer		Dates Employed		Work Performed
		To	From	
Address		Hourly Rate/Salary		
		Starting	Final	
Telephone Number(s)	Supervisor			
Job Title	Reason for Leaving			

EDUCATION

	Name and Address of School	Course of Study	Yrs. Completed	Diploma/Degree
Elementary School				
High School				
Undergraduate College				
Graduate/Professional				
Other (specify)				

PROFESSIONAL REFERENCES
Give Name, Address, and Phone Number

1. _____
2. _____
3. _____
4. _____
5. _____

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge. I understand that falsification, omission or misstatement of information may result in refusal to hire or, if hired, termination of employment.

I hereby give permission to Highland Corporation and any third party it so chooses to utilize, to conduct a personal check on my background, including but not limited to, work history, business and personal record and/or references, credit history, or criminal investigation, and hold harmless the above referenced.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with the organization is of an "at will" nature, which means that the employee may resign at any time and the employer may discharge employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant _____ Date

NOTICE BEFORE ORDERING CONSUMER REPORTS

(Including Motor Vehicle Reports and Credit Reports)

The Fair Credit Reporting Act (FCRA) provides individuals with certain rights regarding consumer reports and places certain obligations on employers using consumer reports for employment-related purposes. Consistent with the FCRA's requirements, this notice is provided to you in order to inform you that _____ may, for employment-related purposes (e.g., evaluating you for initial employment, promotions, transfers, assigned duties, retention as an employee, etc.) obtain from a consumer reporting agency one or more consumer reports containing financial information, criminal record information, driving record information and/or relevant information about you.

_____ will not obtain a consumer report without your signature below authorizing us to obtain one or more consumer reports.

AUTHORIZATION TO OBTAIN CONSUMER REPORTS

I hereby acknowledge that I have read and understand the contents of the above notice and, by signing below, specifically authorize _____ to obtain one or more consumer reports on me for employment-related purposes as indicated above.

First Name (please print) _____ Middle Initial _____ Last Name

Signature _____ Date

The Secretary of Health & Human Services has determined that certain diseases, including Hepatitis A, typhoid fever (Salmonella typhi), shigellosis (Shigella spp.), and E coli (Escherichia coli 0157:H7) may prevent you from serving food or handling food equipment in a sanitary or healthy fashion. An essential function of this job involves handling & serving food, food service equipment and utensils in a sanitary and healthy fashion. Are you able to perform the essential functions of this job with or without a reasonable accommodation? YES NO If no, explain: _____

<input type="checkbox"/> Prospective Employee	<input type="checkbox"/> Employee					
Last	First	Middle Initial	Date of Birth	State of License	Driver's License Number	Relationship to Named Insured
						1 2 3 4 5 6

CHECK THE APPROPRIATE BOX FOR EACH QUESTION:

Have you ever been denied a driver's license or had one suspended or revoked?	YES	NO
Have you had any violations in the past 3 years?	<input type="checkbox"/>	<input type="checkbox"/>
Have you had any auto accidents in the past 3 years?	<input type="checkbox"/>	<input type="checkbox"/>

IF THE ANSWER TO ANY QUESTIONS WAS "YES", please explain (give dates of violations and/or accidents) _____

DRIVER - I affirm that the statements made above are stated truthfully and without reservation.

Signed this _____ day of _____, _____ Driver's Signature _____

Current Address:	Street/P.O. Box	City	State	Zip Code	County	Length of Address
Former Address:	Street/P.O. Box	City	State	Zip Code	County	Length of Address
Former Address:	Street/P.O. Box	City	State	Zip Code	County	Length of Address
Former Address:	Street/P.O. Box	City	State	Zip Code	County	Length of Address

NOTE: WE NEED ALL ADDRESSES FOR THE PAST SEVEN YEARS.

Maiden Name/Former Married Name _____ Date of Change _____

Social Security Number: _____ Daytime Telephone Number: _____

Driver's License Number: _____ State of Issuance: _____ Date of Birth*: _____

- Have you ever been convicted of a crime or convicted in a military court martial? Yes _____ No _____
- Have you ever been sanctioned or had your licenses suspended or revoked? Yes _____ No _____
- Are you currently under any investigation or pending charge? Yes _____ No _____

•This information will enable us to properly identify you in the event we find adverse information during the course of our background search.
•The Credit Information Center is a division of the Credit Bureau of Nashville, Inc.