



HUMAN POTENTIAL CONSULTANTS, LLC  
"Your Link to A Better Future"

Application  
Receipt  
Date:

# Employment Application

Upload Application to HPC Secured Website

Resumes will not be accepted. Complete entire application. Do not leave any sections blank -To do so may invalidate your application.

HPC is an equal opportunity employer dedicated to a policy of nondiscrimination in employment. HPC will not discriminate against any employee or applicant for employment because of race, color, religion, national origin, age, sex, sexual orientation, creed, disability, marital status, veteran status, or any other protected characteristic or feature. This policy extends to all personnel actions including, but not limited to, recruitment, promotion, transfer, rate of pay, training and termination. HPC is firmly committed to a bias-free work environment and a policy of equal employment opportunity for all employees. Consistent with HPC's non-discrimination policy, harassment in the workplace on the basis of any of the factors listed above is not tolerated.

Last Name	First Name	Middle Initial	E-Mail Address
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Street Address and Apt. #	Cell Phone #	Home Phone #
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City	State	ZIP
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Have you previously been employed by HPC? <input type="checkbox"/> Yes <input type="checkbox"/> No; If Yes, List Position and Year:	Desired Salary:	Position of Interest:
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Social Security #**	Are you an U.S. citizen? ** <input type="checkbox"/> Yes <input type="checkbox"/> No -- Visa Type	Alien Registration No.
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Are you a Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, List Military Branch:	Relevant Military duties/special training:
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Can you perform the functions of the position for which you are applying with or without reasonable accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is there anything that would prevent you from performing the activities involved in this position in a reasonable and safe manner? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Have you ever been convicted of a violation of the law? *** <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Explain:	Have you ever been terminated or asked to resign from any job? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Have you ever been given the choice to resign rather than be terminated? <input type="checkbox"/> Yes <input type="checkbox"/> No

Are you currently on parole, probation, or have a criminal case or trial pending? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Explain:	If yes to any of the above, Explain:
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State name(s) of any relative(s)**** employed with HPC and your relationship to them:	If under 18, do you have a valid work permit? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable	Are you interested in temporary/contractual work? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Referred by a HPC employee? <input type="checkbox"/> Yes <input type="checkbox"/> No  Name of Employee _____	Other Referral Source: <input type="checkbox"/> HPC Website <input type="checkbox"/> CalJobs.Com <input type="checkbox"/> Newspaper <input type="checkbox"/> SocialService.com <input type="checkbox"/> On-line Posting: List: _____ <input type="checkbox"/> Other; List: _____	Hours available:  Days available:
	Are you applying for an internship/volunteer position? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list referring agency/institution:	Are you able to work evening, overtime, graveyard, or weekend shifts? <input type="checkbox"/> Yes <input type="checkbox"/> No  Date available to start work:

**Skills:** (Check all those that pertain to you and the job you are applying for)

Foreign Languages: List: \_\_\_\_\_ Level of Fluency:  Basic  Moderate  Fluent  
 Typing (wpm \_\_\_\_\_)  Microsoft Applications  Filing  Other: \_\_\_\_\_

**Licensure/Certifications:**

Do you have a valid Driver's License?  Yes  No If yes, list DL#: \_\_\_\_\_ State: \_\_\_\_\_ Class: \_\_\_\_\_

Please list any special licenses, certificates, including ADP, CPR, and First Aid Certifications: \_\_\_\_\_

Write a brief statement explaining why you would like to work for HPC: _____ _____ _____ _____ _____	<b>FOR PERSONNEL USE ONLY</b>	
	STATUS: <input type="checkbox"/> ACCEPTED <input type="checkbox"/> INELIGIBLE: _____	
	# DIRECT RELATED PAID EXPERIENCE	LICENSE REQUIREMENT
	EDUCATION / VERIF	OTHER
	REFERENCES / VERIF	DATE PROCESSED

**Education Record:** List most recent first; please note that to receive appropriate credit for one's experience and education, the applicant must furnish a copy of his or her diploma, transcript, certificate, or license within 24 hours of request from Human Resources.

EDUCATION LEVEL	NAME/ADDRESS	MAJOR AREA	# OF YEARS COMPLETED	DID YOU GRADUATE?	DIPLOMA/DEGREE RECEIVED
High School					
College					
Graduate School/Special Training/Other					

Are you currently attending school?  Yes  No If yes, when is your anticipated date of graduation (MO/YEAR): \_\_\_\_\_

Professional/Scholastic Honors: \_\_\_\_\_

**Employment Record:**

**Human Resources Use Only.**

Previous Applicant?  Yes  No

**Fill out section completely.** Note: Your prior work experience may be paid or unpaid. Report any unpaid work as "volunteer" or "unpaid" in the box for monthly salary. Work experience is evaluated on the basis of a verifiable 40-hour week.

	PRESENT OR LAST JOB	SECOND TO LAST JOB	THIRD TO LAST JOB
Institution or Agency Name			
Address			
Telephone Number			
Supervisor's Name/Title			
Your Position (Title)			
Dates Employed	From ___/___ to ___/___	From ___/___ to ___/___	From ___/___ to ___/___
Reason(s) for Leaving			
Duties (Describe in detail the work you performed and the skills used or learned. If you need more room to complete your prior work history use additional sheets of paper).			
Beginning Monthly Salary			
Ending Monthly Salary			

Do we have permission to contact your current employer if you should reach the interview stage?  Yes  No  
 (Note: you will be advised prior to contacting your current employer)

**Professional/Employment References:** Note that all references listed below will be contacted.

Name/Title	Address	Phone	E-mail

**PRE-EMPLOYMENT STATEMENT** (Please read carefully, print name, sign, and date at the bottom)

I understand and agree that:

**1.) Application Truth:** I declare that the information on this application is true and complete to the best of my knowledge. The withholding or falsification of information on this application, resume, or other materials, or during interviews is grounds for dismissal.

**2.) Pre-Employment Screening:** My employment with HPC is contingent upon my successful completion of the company's total pre-employment screening process, including assessment testing, if appropriate, and HPC receiving references that it considers satisfactory. (Note: Assessment tests and reference results will not be disclosed to the applicant, whether or not employed by HPC). I understand that as a condition of employment, I will also be required to submit to and pass an alcohol/drug screening. I hereby consent to having the results of any such alcohol/drug screening disclosed to HPC. I authorize and request that those individuals I have listed as work-related references furnish information about my employment record, including a statement of the reasons for the termination of my employment, salary history, dates of employment, work performance, abilities, and other qualities pertinent to my qualifications for employment, hereby releasing them from any and all liability for damages arising from furnishing the requested information. I understand that if I am hired by HPC, I will be required to sign a Confidentiality Agreement to preserve the confidential information of HPC. I understand and agree that if driving is a requirement of the job for which I am applying, my employment and/or continued employment is contingent on possessing a valid driver's license of the appropriate license class and automobile liability insurance in an amount equal to the minimum required by the state where I reside. I understand that, if offered employment by HPC, as a condition of employment, I must complete the Employment Eligibility Verification Form I-9 required by the Immigration Reform and Control Act of 1986 (IRCA), as amended, and present documentation establishing my identity and employment eligibility. I also understand that if I am authorized to work in this country for a limited time period, I will be required to submit proof of renewed employment eligibility prior to expiration of that period to remain employed by the company. Please note that your application will be accepted only if it clearly shows you meet the job requirements.

**3.) Investigative Reports:** In processing my application or employment, the company may verify all the information provided by me, or may produce or have prepared a confidential pre-employment consumer or investigative report for this purpose concerning my prior employment, military record, education, character, general reputation/background, any known sexual misconduct, driving record, personal characteristics, and prior convictions. I understand that upon written request to the company, I will be informed whether an investigative consumer report was requested and given full information as to the nature and scope of this investigation. I authorize HPC to obtain and release any information pertaining to my background for employment or volunteer services. I hereby release, discharge and hold harmless any person or entity providing such information to HPC or its agents from any liability, claims, damages, or causes of action which I may have as a result of the delivery or disclosure of the above requested information. I hereby release from liability HPC and its designated agents seeking such information and all other persons, corporations, or organizations furnishing such information.

**4.) Employment At Will:** I agree to comply with the policies, rules, regulations, and procedures of HPC, I understand that I am an employee at will and that my employment, and compensation may be terminated with or without cause or notice, at any time, at the option of either HPC or myself. I further understand that no manager or representative of the company other than the CEO of HPC has any authority to enter into any agreement with me for employment for any specified period of time or to make any agreement that changes my employee at will status, if employed. I understand that any such agreement, if made, shall not be enforceable unless it is in writing and signed by me and by the CEO of HPC.

**\*Note:** Disclosure of your social security number (SSN) is mandatory to obtain the employment and related benefits that you are seeking. Solicitation of the SSN is authorized under the provisions of Executive Order 9297, dated November 22, 1943. The SSN is used as an identifier throughout your career with HPC from the time of application through retirement and will be used primarily to identify your records. The use of SSN is made necessary because of the large number of present and former HPC employees and applicants who have identical names and birth dates, and whose identities can only be identified by the SSN.

**\*\*Note:** Federal law requires that employers hire only U.S. citizens or individuals with permission to work in the United States. In compliance with such laws, HPC will verify the status of every individual before employment begins. Therefore, employment is subject to verification of the applicant's identity and employment authorization. It will be necessary for you to submit such documents as are required by law to verify your identification and employment authorization upon employment.

**\*\*\*Note:** A conviction record will not necessarily be a barrier to employment; records are reviewed on a case-by-case basis. Confidential conviction information will be used for only job-related purposes in regards to possible employment and only to the extent permitted by applicable law.

**\*\*\*\*Note:** Relative means spouse, domestic partner, child, parent, grandparent, grandchild, aunt, uncle, brother, sister, or corresponding "in-law" or "step" relative.

**Please be advised that this application will be considered active for a maximum of sixty (60) days. If you wish to be considered for employment after that time, you must reapply.**

Applicant – Print Name \_\_\_\_\_

Applicant – Signature \_\_\_\_\_

Date \_\_\_\_\_



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## VERIFICATION OF EMPLOYMENT

In signing below, the Applicant's signature authorizes the release of information to HPC concerning previous and current employment.

\_\_\_\_\_ (PRINT NAME)                      \_\_\_\_\_ (APPLICANT SIGNATURE)                      \_\_\_\_\_ (DATE)

\_\_\_\_\_ (SOCIAL SECURITY NUMBER)                      \_\_\_\_\_ (DATE OF BIRTH)

### APPLICANT – DO NOT COMPLETE SECTION BELOW --- COMPANY USE ONLY

Employer / Agency Name: \_\_\_\_\_

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

Supervisor: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Job Title: \_\_\_\_\_ Start Date: \_\_\_\_\_

Job Duties: \_\_\_\_\_

Employment End / Termination Date: \_\_\_\_\_

Reason for End / Termination: \_\_\_\_\_

Is this individual available for re-hire:  Yes  No

Possibility of Advancement: \_\_\_\_\_

Attitude Towards Work: \_\_\_\_\_

Ability to Get Along With Others: \_\_\_\_\_

Wage / Salary: \_\_\_\_\_ Hours of Employment: \_\_\_\_\_

**PLEASE RETURN VIA FAX TO 310-756-1562, ATTN: HUMAN RESOURCES-- THANK YOU!**

Signature below indicates individual completing verification and that the information above is correct.

\_\_\_\_\_ SUPERVISOR / OR AUTHORIZED PERSONNEL (PLEASE PRINT)                      \_\_\_\_\_ TITLE

\_\_\_\_\_ SIGNATURE                      \_\_\_\_\_ DATE