



Pre-Employment Questionnaire / Job Application

PERSONAL INFORMATION

Full Name:

Preferred Name (optional):

Address:

City/State/Zip:

Phone:

Email:

Position Applying For:

Date Available to Begin:

EMPLOYMENT ELIGIBILITY

- ☐ I am legally authorized to work in the United States
- ☐ I will require sponsorship now or in the future

WORK AVAILABILITY

Check all that apply:

- ☐ Full-time
- ☐ Part-time
- ☐ Temporary/Contract
- ☐ Weekends
- ☐ Evenings

EDUCATION HISTORY

School / Institution	Field of Study	Degree or Certificate

EMPLOYMENT HISTORY

Employer:

Job Title:

Dates Employed (Month/Year):

Reason for Leaving:

Employer:

Job Title:

Dates Employed (Month/Year):

Reason for Leaving:

Employer:

Job Title:

Dates Employed (Month/Year):

Reason for Leaving:

SKILLS & EXPERIENCE

Describe skills, certifications, or relevant background supporting your candidacy:

OPTIONAL SELF-IDENTIFICATION SECTION

Do you require a reasonable accommodation to complete the interview process?

Yes No

If yes, please describe only the accommodation needed (not the condition):

PROFESSIONAL REFERENCES

Please list up to three people familiar with your work history. References will only be contacted *after a conditional job offer* and only with your written authorization.

Name	Relationship/Company	Phone/Email

APPLICANT STATEMENTS AND ACKNOWLEDGEMENTS

1. At-Will Employment:

I understand that submitting this application does not constitute an employment agreement. If hired, employment with HMH is at-will and may be terminated by either party at any time.

2. Accuracy of Information:

I certify that the information I have provided is true and complete. I understand that falsification or omission may disqualify me from consideration or result in termination if discovered later.

3. Screening Disclosure:

I understand that employment may be contingent upon the successful completion of post-offer screenings, such as background verification and/or drug testing. I acknowledge that **no screening will be conducted unless and until I receive a conditional offer of employment and sign separate written consent forms**, as required by law.

4. Right to Withdraw Application:

I understand that I may withdraw my application at any time.

SIGNATURE

Signature:

Printed Name:

Date: