

# Holman Enterprises

\*\*Please be sure to fill this application out completely and then save to your computer as LastName\_FirstName.pdf and submit it along with your resume' through our website.\*\*

APPLICANT INFORMATION				
Last Name	First		M.I.	Date
Street Address		Apartment/l	Jnit #	
City	State		ZIP	
Phone	E-mail Address			
Date Available	Desired Salary	,		
Position Applied for	Are you legally eligible to be employed in the United States? YES NO			d States? YES NO
Can you perform the essential functions of the position for	r which you are a	pplying? YES NO		
Have you ever worked for this company? YES	NO 🗌 If so,	when?		
Have you ever been convicted of a felony? YES	NO   If yes	, explain		
EDUCATION				
High School	Did you graduate	? YES 🗌 NO 🗌		
College	Did you graduate? YES 🗌 NO 🔲 Degree			
Other	Did you graduate? YES □ NO □			
REFERENCES				
Please list three professional references.				
Full Name		Relationship		
Company		Phone		
Full Name		Relationship		
Company		Phone		
Full Name		Relationship		
Company		Phone		

MILITARY SERVICE			
Branch	From To		
Rank at Discharge	Type of Discharge		
If other than honorable, explain			

#### **DISCLAIMER AND SIGNATURE**

I certify that the information in this application is true and complete. Any false statements, concealments or omissions are grounds for refusal to hire or immediate dismissal if hired.

I authorize schools, former employers, former supervisors and co-workers to provide any and all information pertinent to my being considered for employment and hereby release those providing such information from any liability for doing so.

I understand that employment, if offered, is contingent upon my providing additional information for employee record purposes and also upon my providing proof of identity and employment eligibility and completing a form I-9.

I understand that if I am hired, the length of my employment is not guaranteed. Recognizing that I will be free to voluntarily terminate my employment at any time, with or without cause, I acknowledge that my employment can be modified or terminated with or without cause and with or without notice during the probationary period, and at any time for cause and that, if employed, employment does not constitute a contract of employment between myself and Glacier Jet Center or any of its subsidiary or affiliate companies. I understand that no manager or representative of Glacier, other than the owner and his designated representatives, has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, either prior to employment or after I have become employed.

I will abide by and conform to all company policies, rules, and procedures as may be in effect from time to time.

I acknowledge that I have read the above, understand its content and meaning, and agree to all of its provisions.

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Please provide employment history using the following pages.



### Name:

\*Keep each page in order by date of employment with most recent jobs on top. Also include temporary assignments.

COMPANY NAME:	PHONE NUMBER:		
SUPERVISOR NAME:	SUPERVISOR TITLE:		
START DATE:	END DATE:		
STARTING JOB TITLE:	ENDING JOB TITLE:		
STARTING Hourly Ann	ually ENDING SALARY.	☐ Hourly ☐ Annually	
Reason for Leaving (be Specific)		Can this employer be contacted?	
		YES	
		NO	
DUTIES PERFORMED / RESPONSIBILITIES			
EQUIPMENT USED			



### Name:

\*Keep each page in order by date of employment with most recent jobs on top. Also include temporary assignments.

COMPANY NAME:	PHONE NUMBER:	
SUPERVISOR NAME:	SUPERVISOR TITLE:	
START DATE:	END DATE:	
STARTING JOB TITLE:	ENDING JOB TITLE:	
STARTING Hourly Annually	ENDING SALARY.	☐ Hourly ☐ Annually
Reason for Leaving (be Specific)		Can this employer be contacted?
		YES
		NO
DUTTEC DEDECORMED / DECOUNCIDITATES		
DUTIES PERFORMED / RESPONSIBILITIES		
EQUIPMENT USED		
EQUIPMENT OSES		



### Name:

\*Keep each page in order by date of employment with most recent jobs on top. Also include temporary assignments.

COMPANY NAME:	PHONE NUMBER:	
SUPERVISOR NAME:	SUPERVISOR TITLE:	
START DATE:	END DATE:	
STARTING JOB TITLE:	ENDING JOB TITLE:	
STARTING Hourly Annually	ENDING SALARY.	☐ Hourly ☐Annually
Reason for Leaving (be Specific)		Can this employer be contacted?
		YES
		NO
DUTIES PERFORMED / RESPONSIBILITIES		
EQUIPMENT USED		



### Name:

\*Keep each page in order by date of employment with most recent jobs on top. Also include temporary assignments.

COMPANY NAME:		PHONE NUMBER:	
SUPERVISOR NAME:		SUPERVISOR TITLE:	
START DATE:		END DATE:	
STARTING JOB TITLE:		ENDING JOB TITLE:	
STARTING SALARY:	☐ Hourly <sup>™</sup> Annually	ENDING SALARY.	☐ Hourly ☐ Annually
Reason for Leaving (be Specific)			Can this employer be contacted?
			YES
			NO
DUTIES PERFORMED / RESPONS	<u>IBILITIES</u>		
EQUIPMENT USED			



### Name:

\*Keep each page in order by date of employment with most recent jobs on top. Also include temporary assignments.

COMPANY NAME:	PHONE NUMBER:	
SUPERVISOR NAME:	SUPERVISOR TITLE:	
START DATE:	END DATE:	
STARTING JOB TITLE:	ENDING JOB TITLE:	
STARTING Hourly Mannually	ENDING SALARY.	☐ Hourly ☐ Annually
Reason for Leaving (be Specific)		Can this employer be contacted?
		YES
		NO
DUTIES PERFORMED / RESPONSIBILITIES		
EQUIPMENT USED		