



HIG SERVICES, INC.
 25 Field Street
 West Babylon, NY 11704

JOB APPLICATION - FIELD

APPLICANT INFORMATION:

Last Name:		First Name:		M.I.:	Date:
Address:				Apartment/Unit #:	
City:		State:		Zip:	
Home Phone:		Cell Phone:		Email:	
Date of Birth:		Driver's License # and State:			
Emergency Contact:			Emergency Contact Phone #:		
Are you legally eligible to work in the U.S.? Yes <input type="checkbox"/> No <input type="checkbox"/>			Social Security #:		
Are you a Veteran of the Armed Forces? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, when and what branch?					
Are you a member of a reserve organization? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, which one?					
Do you have your own transportation? Yes <input type="checkbox"/> No <input type="checkbox"/>			Do you have your own tools? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Do you have MRI/Medical experience? Yes <input type="checkbox"/> No <input type="checkbox"/>			Do you have any problems working in the city? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Will you abide by the safety rules of this Company? Yes <input type="checkbox"/> No <input type="checkbox"/>					
Do you have an OSHA card? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what level?					
Are you willing to take a physical exam and drug screen at the Company's expense? Yes <input type="checkbox"/> No <input type="checkbox"/>					
Are you presently employed? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, may we contact your employers? Yes <input type="checkbox"/> No <input type="checkbox"/>					

EMPLOYMENT DESIRED

Type of Employment Desired: Full-time <input type="checkbox"/> Part-time <input type="checkbox"/>	
Position applying for: Mechanic <input type="checkbox"/> Jr. Mechanic <input type="checkbox"/> Apprentice <input type="checkbox"/> Helper <input type="checkbox"/>	
Date Available to Start:	Salary Desired:
Have you previously applied to work for our Company? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, when?	
Have you previously worked for our Company? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, when?	
How did you learn of our Company and/or position?	
Are there any hours/days you are unable to work? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please specify those days or hours you are unable to work:	

EDUCATION

High School		City, State:	
To:	From:	Did you graduate? Yes <input type="checkbox"/> No <input type="checkbox"/>	
College:		City, State:	
To:	From:	Did you graduate? Yes <input type="checkbox"/> No <input type="checkbox"/>	Degree:

Other School, Specialized Training, and Certifications:



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EMPLOYMENT HISTORY		
Company:	From:	To:
Address:	Phone:	
Supervisor:	May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Job Title:	Starting Pay:	Ending Pay:
Responsibilities:		
Reason for Leaving:		
Company:	From:	To:
Address:	Phone:	
Supervisor:	May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Job Title:	Starting Pay:	Ending Pay:
Responsibilities:		
Reason for Leaving:		
Company:	From:	To:
Address:	Phone:	
Job Title:	May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Supervisor:	Starting Pay:	Ending Pay:
Responsibilities:		
Reason for Leaving:		
REFERENCES		
Name:	Phone:	
Address:	Occupation:	
Name:	Phone:	
Address:	Occupation:	
Name:	Phone:	
Address:	Occupation:	
ACKNOWLEDGMENT		
<p>I hereby certify that all the entries on this job application are true and complete to the best of my knowledge. I understand and agree that if I have falsified any information on this job application, it may lead to the forfeiture of any job offers or termination of my employment. I also acknowledge that all the information on this job application is subject to verification and I consent to criminal history and background checks. I also agree that you may contact the educational institutions and employers listed on this application, unless otherwise noted.</p>		
Signature:	Date:	