



Application for Employment

Date _____

Personal Information:

Name			Social Security Number
First	Middle	Last	

Present address				
Number	Street	City	State	Zip

Home Phone:	Cell Phone

In case of Emergency Notify		
Name	Address	Phone

Employment Desired:

Position (s)	Date you can Start

Are you employed now?	If so, can we inquire of your present employer?

Have you ever worked for us before?	If yes, when?

What employment conditions are you willing to accept? ___ Full Time ___ Part Time

Did anyone refer Hicon Inc. to you? _____ (Name)

Education:

School Level	School Name/Location	No Years Completed	Did you Graduate	Subjects Studied
Grade School Grades (1-8)				Not Applicable
High School				
College				
Graduate/ Professional				
Trade/ Business School				

This application will remain in effect for 60 days. Anyone who wishes to be considered for openings that may occur after that date must re-apply.

Application for Employment

Former Employers: (List the last four employers, starting with the most current)

1. Company:

Name

Address

City

State

Zip

Hourly Wage:

Job Title

Name of Supervisor

May we contact them? Y / N Phone

Dates Employed:

Reason for leaving

Description of work

2. Company:

Name

Address

City

State

Zip

Hourly Wage:

Job Title

Name of Supervisor

May we contact them? Y / N Phone

Dates Employed:

Reason for leaving

Description of work

3. Company:

Name

Address

City

State

Zip

Hourly Wage:

Job Title

Name of Supervisor

May we contact them? Y / N Phone

Dates Employed:

Reason for leaving

Description of work

4. Company:

Name

Address

City

State

Zip

Hourly Wage:

Job Title

Name of Supervisor

May we contact them? Y / N Phone

Dates Employed:

Reason for leaving

Description of work

Application for Employment

References: (Give three people not related to you that you have known for at least a year)

Name	Address	Phone Number	Years acquainted
			1, 2, 3, 4, 5 or more

Special Study, Training, Skills: _____.

Subjects of special study _____

Special Training/Skills _____

Equipment/Machinery you can operate _____

Do you have any special training or skills acquired in U.S. Military service relevant to the job for which you are applying? _____ If yes, what branch? _____

If yes, what training or skills? _____

Are you at least 18 years old? _____ Yes _____ No

Are you legally authorized to work in the US? _____ Yes _____ No

Have you ever been convicted of a Felony? _____ Yes _____ No

If yes, please describe _____

Have you been convicted of a moving violation for driving in the last five years? _____

If yes, please describe _____

2 Pursuant to the Immigration Reform and Control Act of 1986 if you are offered a position of employment you will be required to furnish documents verifying your eligibility to work in the United States.

3 A Conviction will not automatically exclude you from employment. Factors such as age of the offense, the seriousness and nature of violation(s) and rehabilitation will be taken into account. Any exclusion from employment based on criminal background will be job related and consistent with business necessity.

Application for Employment

Please read carefully before signing.

Hicon, Inc. is a merit shop company and equal opportunity employer. Hicon, Inc. does not discriminate in employment on account of race, color, religion, national origin, citizenship status, ancestry, age, sex (including sexual harassment), sexual orientation, marital status, physical or mental disability, military status or any other protected classification.

I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for Hicon, Inc. to hire me. If I am hired, I understand that I will be an employee at-will and that either Hicon, Inc. or I can terminate my employment at any time and for any reason, with or without cause and without prior notice. I understand that no representative of Hicon, Inc. has the authority to make any assurance to the contrary.

I attest that I have given to Hicon, Inc. true and complete information on this application. No requested information has been concealed. I authorize Hicon, Inc. to contact references provided for employment reference checks. If any information I have provided is untrue, or if I have concealed material information, I understand that this will constitute cause for the denial of employment or immediate dismissal.

I authorize Hicon, Inc. to investigate my provided references and all statements contained in this application or any other documents submitted, and I release all parties from any and all liability for any damages that may result from furnishing any such information to Hicon, Inc. I affirm that I am not a party to any agreement with an employer or other party or entity which would affect any employment relationship with Hicon, Inc. I also indemnify Hicon, Inc. against any liability which might result from making investigating my application, statements or other documents submitted or for employing me in violation of any prior agreement I have made.

I consent to submit voluntarily to and authorize Hicon, Inc. through a physician chosen by it to conduct any medical examinations, including a drug and alcohol screening test, that may be required prior to or during my employment. I understand that my failure to pass any such test(s) to Hicon, Inc's satisfaction will be grounds for denial of employment or immediate dismissal.

Signature of Applicant

Date

THIS APPLICATION IS VALID ONLY FOR 60 DAYS FROM THE DATE SIGNED/DATED ABOVE. ANYONE WHO WISHES TO BE CONSIDERED FOR OPENINGS THAT MAY OCCUR AFTER 60 DAYS FROM THE ABOVE DATE MUST RE-APPLY.

HICON Inc.[®]

(Benefits)

Office Hours: Monday-Friday 7:30 a.m. to 4:00 p.m. Field Hours: 7:00 a.m. to 3:30 p.m. or 7:30 a.m. to 4:00 p.m.

Healthcare:

After 90 days of employment you will be eligible through Hicon's Health Care Plan, administered by Custom Design Benefits (CDB). You must work full-time (at least 35 hrs a week to be eligible for this benefit). Hicon will pay the premium for the employee and the employee will pay a weekly co-pay. If you wish to have family coverage, the cost for dependents is more with a higher co-pay. The amounts will be deducted from your wages. If you are married but do not wish to have family coverage, you must sign the waiver form.

If you are laid off due to lack of work, with an expected return within 14 days you can stay on the health insurance if you pay your weekly co-pay. If you do not make a payment by the Wednesday after the week you are laid off, your health insurance will be canceled. For a lay off expected for more than 14 days, you will receive a COBRA notification letter that you must sign as Hicon will work with Custom Design Benefits (CDB) to help continue your benefits at your current co-pay. During this extended lay off, you will pay your co-pays to CDB directly on a monthly basis. If you do not make payments by the deadline each month, your health insurance will be canceled.

If employment is terminated after Health Care Coverage is in effect, you maybe entitled to continue coverage through COBRA. Notification will be sent to your home and these forms must be returned to our office, even if you do not wish to continue coverage. *This continued coverage will be at your own expense.*

401k/Profit Sharing:

After you have been employed for one year and have worked 1,000 hours you are eligible to join the 401K on the open enrollment of January 1st or July 1st. Also, after your year is up, starting the following calendar year (January 1st through December 31st) if the company makes a profit, you will be eligible for a portion.

Example: Start 8/1/2023 One Year of employment with 1,000 hours 8/1/2024;
Eligible to join 401k January 1, 2023; then if the company makes a profit during the calendar year 1/1/23-12/31/23 you would get a portion of the profit sharing paid in 2024.

Paid Time Off (PTO):

After one year of employment, you will be eligible for paid time off based on the hours you worked the prior year. It must be used within the year and does not carry over. It does not count for overtime and you have to be off to use the day, not used as extra hours.

1500 hours worked = 5 days of PTO (8 hours a day)

1400 hours worked = 4 days of PTO (8 hours a day)

1300 hours worked = 3 days of PTO (8 hours a day)

Direct Deposit: We are a direct deposit company. If you are hired, you must provide us with banking or bank card information (Routing and Account Number). Your first check will be a live check and will then go direct. Our payroll company will send you log in information that you can go online each week to look at your paystub.

Signed _____

Date _____