

Employment Application

131 N. Sunnyslane Road
PO Box 6145
Moore, OK 73153



*Programs, services and employment are equally available to everyone.
Please inform Human Resources Department if you require
reasonable accommodation for the application or interview.*

Interview Date: Month _____ / Day _____ / Year _____ How were you referred to us: _____

Position applied for: _____

Full name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: () _____ Cell/Pager/Other: () _____ Email: _____

Available start date: _____ Social Security #: _____ Salary Requirements: _____

If you are under the age of 18, can you provide a work permit? Yes No If no, please explain: _____

Have you ever worked for Horn Equipment Company, Inc.? Yes No If yes, when: _____

Are you legally allowed to work in the United States? Yes No

Are you a U.S. Citizen? Yes No

Type of employment desired: Full-Time Part-Time Temporary Seasonal

Have you ever plead guilty, no contest or been convicted of a crime? Yes No If yes, give dates and details: _____

NOTE: Answering yes to these questions does not constitute an automatic rejection for employment. Date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into consideration.

Driver's license # (if applicable to position): _____ State: _____

Education History

Name and location of high school: _____ Did you graduate? Yes No

Name and location of college: _____ Years attended: _____

Degrees completed: _____ Other subjects studied: _____

Trade, business or correspondence school: _____ Years attended: _____

Subjects studied: _____ Did you graduate? Yes No

Summarize your special skills or qualifications: _____

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Previous Employment (start with most recent)

Company Name: _____ Address: _____

City: _____ State: _____ Zip: _____

Phone: () _____ Supervisor: _____ Title: _____

Dates of employment: From ____/____/____ To ____/____/____ Position held: _____

Responsibilities: _____

Starting salary and title: _____ Ending salary and title: _____

Reason for leaving: _____

May we contact this employer for a reference? ___ Yes ___ No

Company Name: _____ Address: _____

City: _____ State: _____ Zip: _____

Phone: () _____ Supervisor: _____ Title: _____

Dates of employment: From ____/____/____ To ____/____/____ Position held: _____

Responsibilities: _____

Starting salary and title: _____ Ending salary and title: _____

Reason for leaving: _____

May we contact this employer for a reference? ___ Yes ___ No

I hereby certify that the facts contained in this application are true and complete to the best of my knowledge and I understand that, if employed, falsified statements shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company for all liability for any damage that may result from utilization of such information. I also understand and agree that no representative of the company 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, unless it is in writing and signed by an authorized company representative. This waiver does not permit the release or use of disability related and medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.

Applicant signature: _____ Date: _____

Interview notes: _____