



Employment Application

Date: / /

- Please e-mail completed form to the Human Resources Department: jobs@hmri.org or, you may fax it to: 626.397-5810.

PERSONAL INFORMATION	
Name (First, M.I., Last):	
SS#:	
Current Address:	
Other Address (if different):	
E-mail Address:	
Phone Number(s):	Daytime: () - Evening or Cell: () -
Are you 18 or older? (Yes or No)	
Are you a U.S. Citizen or authorized to work in the U.S.? (Yes or No)	
Position Applying For:	
Date You Can Start:	/ /

EDUCATION	
High School (Name):	
Highest year attended:	
Subjects/Discipline:	
Did you graduate? (Yes or No):	
Degree:	

College or University (Name):	
Highest year attended:	
Subjects/Discipline:	
Did you graduate? (Yes or No):	
Degree:	

Graduate School (Name) or Other:	
Highest year attended:	
Subjects/Discipline:	
Did you graduate? (Yes or No):	
Degree:	

BACKGROUND	
Subjects of relevant study or research work:	
U.S. Military Service:	
Vietnam Veteran? (Yes or No):	

EMPLOYMENT HISTORY (LIST CURRENT OR LAST ONE FIRST)	
Employer Name and Address:	
Dates of employment (Mo/Yr):	
Title/Position:	
Salary (Starting and Ending):	
Reason for leaving:	
Supervisor's Name, E-mail and Phone:	
May we contact?	

Employer Name and Address:	
Dates of employment (Mo/Yr):	
Title/Position:	
Salary (Starting and Ending):	
Reason for leaving:	
Supervisor's Name, E-mail and Phone:	
May we contact?	

Employer Name and Address	
Dates of employment (Mo/Yr):	
Title/Position:	
Salary (Starting and Ending):	
Reason for leaving:	
Supervisor's Name, E-mail and Phone:	
May we contact?	

PHYSICAL RECORD	
Do you have any physical limitations that would preclude you from performing any job related function that is essential to the position for which you are applying? (Yes or No):	
If YES, what can be done to accommodate your limitation?	

REFERENCES (NO RELATIVES OR FRIENDS PLEASE)	
Name and Title:	
Address:	
E-mail and Telephone No.:	
Type of Business/Organization:	

Name and Title:	
Address:	
E-mail and Telephone No.:	
Type of Business/Organization:	

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Address:	
E-mail and Telephone No.:	
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Certification

I certify that the information contained in this application is true and correct to the best of my knowledge and agree to have any of the statements checked by the Institutes unless I have indicated to the contrary. I authorize the references and previous employers listed above to provide the Institutes any and all information concerning my previous employment and any pertinent information they may have. Further, I release all parties and persons from any and all liability for any damages that may result from furnishing such information to the Institutes as well as from the use or disclosure of such information by the Institutes or any of its agents, employees, and representatives. I understand that any misrepresentation, falsification, or material omission of information on this application may result in my failure to receive an offer, or, if I am hired, in my dismissal from employment.

In consideration of my employment, I agree to conform to the rules and standards of the Institutes and agree that my employment and compensation can be terminated at will, either at my option or at the option of the Institutes. I understand that no employee or representative of the Institutes other than the Executive Director 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. Further, the Executive Director may not alter the at-will nature of the employment relationship except explicitly, in writing. I also understand that all offers of employment are conditioned on the provision of satisfactory proof of an applicant's identity and legal authority to work in the U.S. I further understand that all information requested on this application must be provided.

I understand that in the event the position for which I am offered employment involves the handling of animals that I may be given, at the Institute's sole expense, a physical examination as recommended by the American Association for Accreditation of Laboratory Animal Care (AAALAC).

SIGNATURE	
Resume attached (Yes or No?):	
Signature and Date:	

The Employer is committed to a policy of Equal Employment Opportunity/Affirmative Action for applicants and employees. Employment decisions shall comply with all applicable laws prohibiting discrimination in employment, including Title VII of the Civil Rights Act of 1964, the Age Discrimination in Employment Act of 1967, the Rehabilitation Act of 1973, the Immigration and Nationality Act, ADA-1992 and any other applicable Federal or State laws.

Rev. 05/22/2014