

Application for Employment

Illinois



Equal access to programs, services and employment is available to all persons. Those applicants requiring a reasonable accommodation to the application and/or interview process should notify a representative of the Human Resource Department. We are an equal opportunity employer.

Please Print

Position applied for _____ Application Date ____/____/____

Name _____
LAST FIRST MIDDLE

Address _____
STREET CITY STATE ZIP CODE

Cellular/Other # () _____ E-mail address _____

Shift preferred 1 2 Any

Would you accept full-time work? Yes No Would you accept part-time work? Yes No

On what date would you be available for work? _____

If necessary, best time to call you is ____:____AM/PM (circle one)

How were you referred to our Company? _____

Have you submitted an application here before? Yes No If yes, please give date(s) and position(s): _____

Is this application a request for reemployment following an extended military leave of absences from our Company? Yes No
If yes, additional information may be requested.

If you are under 18 years old, can you provide a work permit if required? Yes No

Are you legally eligible for employment in the United States? (If yes, proof is required if hired.) Yes No

Are you able to perform the "essential functions" of the job for which you are applying (with or without reasonable accommodations)?

NOTE: This question is designed to elicit information about an applicant's disability. Please do not provide information about the existence of a disability, particular accommodation, or whatever is necessary. These issues may be addressed at a later stage, to the extent permitted by the law.

Yes No Need more information about the job's "essential functions" to respond

Will you travel if required? Yes No Will you work overtime if required? Yes No

If they have been explained to you, are you able to meet the attendance requirements of the position Yes No N/A

Please provide your driver's license number, if driving is required for this job. _____ State _____

Have you entered into an agreement with any former employer or other party (such as a noncompetition agreement) that might, in any way, restrict your ability to work for our Company? Yes No If yes, please explain: _____

Employment Experience

Place an **X** by the employer(s) you DO NOT want us to contact. List your most recent employer first.

Employer _____
Contact Name _____ E-mail _____
Address _____ Phone (____) _____
Job Title _____ Supervisor _____
Dates employed: from (mm/yy) ____/____ to (mm/yy) ____/____
Work performed _____
Reason for leaving _____
What did you like most about your position? _____
What were the things you liked least about the position? _____

Employer _____
Contact Name _____ E-mail _____
Address _____ Phone (____) _____
Job Title _____ Supervisor _____
Dates employed: from (mm/yy) ____/____ to (mm/yy) ____/____
Work performed _____
Reason for leaving _____
What did you like most about your position? _____
What were the things you liked least about the position? _____

Employer _____
Contact Name _____ E-mail _____
Address _____ Phone (____) _____
Job Title _____ Supervisor _____
Dates employed: from (mm/yy) ____/____ to (mm/yy) ____/____
Work performed _____
Reason for leaving _____
What did you like most about your position? _____
What were the things you liked least about the position? _____

Employment Experience (continued)

Explain any gaps in your employment, other than those due to personal illness, injury or disability.

Have you ever been fired or asked to resign from a job? Yes No

If yes, please explain: _____

Education Background

High School: _____ **Location:** _____

Course of study _____ Did you graduate? Yes No Degree or diploma

College: _____ **Location:** _____

Course of study _____ Did you graduate? Yes No Degree or diploma

Graduate School: _____ **Location:** _____

Course of study _____ Did you graduate? Yes No Degree or diploma

Vocational Training/Other: _____ **Location:** _____

Course of study _____ Did you graduate? Yes No Degree or diploma

Continuing Education: _____

Special Training or Skills

Languages, machine operation, etc., that would be of benefit in the job for which you are applying.

References

List names and telephone numbers of three business/work references who are not related to you and are not previous supervisors. If not applicable, list three school or personal references who are not related to you.

Name	Title	Relationship to You	Telephone	E-Mail	Years Known

Applicant Statement

I certify that all the information submitted by me on this application is true and complete, and I understand that if any false or misleading information, omissions or misrepresentations are discovered, my application may be rejected, and if I am employed, my employment may be terminated at any time.

If hired, I agree to conform to the Company's rules and regulations, and I understand that these rules and/or the employee handbook do not form a contract of employment either express or implied, and I agree that my employment and compensation can be terminated, with or without cause and with or without notice, at any time, at either my or the Company's option.

I also understand and agree that the terms and conditions of my employment may be changed, with or without cause and with or without notice, at any time by the Company. I understand that no Company representative, other than its president, and then only when in writing and signed by the president, has any authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the forgoing.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights to claims I may have regarding the employer, its agents, employees or representatives for seeking, gathering and using truthful and nondefamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application.

I also understand that, if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States as required by federal immigration laws.

This Company does not tolerate unlawful discrimination or harassment based on sex, race, color, religion, national origin, citizenship, age, disability, or any other protected status under applicable federal, state or local law. No question on this application is used to limit or exclude an applicant from employment consideration on any basis prohibited by applicable federal, state or local law.

Applicant's signature _____ Date ____/____/____