

APPLICATION FOR EMPLOYMENT

Today's Date _____

APPLICANT NOTE: This Employment Application is intended for use in evaluating your qualifications for employment. It is not an employment contract. Please answer all questions completely and to the best of your ability. False or misleading statements are grounds for refusal or termination of employment and benefits. It is the policy of this Company as an Equal Opportunity Employer to ensure that there shall be no discrimination against any employee or applicant for employment on the basis of age, race, color, creed, marital status, religion, sex, national origin, disability or veteran status, or any other status protected by law.

COMPLETE ALL QUESTIONS; PLEASE PRINT CAREFULLY.**PERSONAL DATA**

NAME (Last)	First	Middle	Social Security Number
LIST ANY OTHER NAMES used in past 7 years.			
HOME ADDRESS (Number & Street)	City	State	ZIP
Home Phone (with area code)	Daytime Phone (with area code)	May we contact you at work? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Years At Current Address	If less than 7 years, list all other cities and states in which you lived during the past 7 years.		
Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you legally eligible for employment in this country? <input type="checkbox"/> Yes <input type="checkbox"/> No (Proof of eligibility will be required upon employment.)		
Other than minor traffic offenses, have you ever been convicted of a crime that is reportable under Federal and/or State Law? <input type="checkbox"/> Yes <input type="checkbox"/> No NOTE: A conviction record will not necessarily bar you from employment. If YES, describe in detail below including date and location of offense.			
All Applicants: Please see Company representative if you have questions regarding "reportable" crimes.			
Illinois Applicants: Under Illinois Public Act 93-0211, you are not required to disclose sealed or expunged records.			
Massachusetts Applicants: An applicant for employment with a sealed record on file with the commissioner of probation may answer "no record" with respect to an inquiry herein relative to prior arrests, criminal court appearances or convictions. An applicant for employment with a sealed record on file with the commissioner of probation may answer "no record" to an inquiry herein relative to prior arrests or criminal court appearances. In addition, any applicant for employment may answer "no record" with respect to any inquiry relative to prior arrests, court appearances and adjudications in all cases of delinquency or as a child in need of services which did not result in a complaint transferred to the superior court for criminal prosecution.			
Have you ever applied here previously? <input type="checkbox"/> Yes <input type="checkbox"/> No	IF YES, in what year?		
Have you ever been employed here previously? IF YES, complete information below. <input type="checkbox"/> Yes <input type="checkbox"/> No	Starting and Ending Dates of Employment		
Position(s) Held	Reason for Leaving		
Do you have any relatives presently employed here? <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES, complete information below.			
Name	Relation	Job Title	Location

POSITION

Position Desired	Salary Expected \$ _____ Month	What Date Are You Available?
Are you willing to travel? <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES, any restrictions?	Work Availability <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Shift Work	
Are you willing to relocate? <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES, any restrictions?		

APPLICANT NAME _____

DATE _____

DRIVING

<i>If position requires driving, complete the following:</i>	<i>License No.</i>	<i>State Issued</i>	<i>Expiration</i>	<i>Class</i>
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EMPLOYMENT HISTORY

PRESENT OR LAST EMPLOYER <i>May we contact for a reference?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Company Name</i>		<i>From (month/year)</i>	<i>To (month/year)</i>
	<i>City & State Where Located</i>	<i>Phone No. (with area code)</i>	<i>Type of Business</i>	<i>Ending Salary</i>
	<i>Position Title</i>	<i>Reason for Leaving</i>		<i>Are you eligible for rehire?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No
	<i>Name of Supervisor</i>	<i>Title of Supervisor</i>	<i>Supervisor's Phone No.</i>	
2ND PREVIOUS EMPLOYER	<i>Company Name</i>		<i>From (month/year)</i>	<i>To (month/year)</i>
	<i>City & State Where Located</i>	<i>Phone No. (with area code)</i>	<i>Type of Business</i>	<i>Ending Salary</i>
	<i>Position Title</i>	<i>Reason for Leaving</i>		<i>Are you eligible for rehire?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No
	<i>Name of Supervisor</i>	<i>Title of Supervisor</i>	<i>Supervisor's Phone No.</i>	
3RD PREVIOUS EMPLOYER	<i>Company Name</i>		<i>From (month/year)</i>	<i>To (month/year)</i>
	<i>City & State Where Located</i>	<i>Phone No. (with area code)</i>	<i>Type of Business</i>	<i>Ending Salary</i>
	<i>Position Title</i>	<i>Reason for Leaving</i>		<i>Are you eligible for rehire?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No
	<i>Name of Supervisor</i>	<i>Title of Supervisor</i>	<i>Supervisor's Phone No.</i>	
4TH PREVIOUS EMPLOYER	<i>Company Name</i>		<i>From (month/year)</i>	<i>To (month/year)</i>
	<i>City & State Where Located</i>	<i>Phone No. (with area code)</i>	<i>Type of Business</i>	<i>Ending Salary</i>
	<i>Position Title</i>	<i>Reason for Leaving</i>		<i>Are you eligible for rehire?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No
	<i>Name of Supervisor</i>	<i>Title of Supervisor</i>	<i>Supervisor's Phone No.</i>	
5TH PREVIOUS EMPLOYER	<i>Company Name</i>		<i>From (month/year)</i>	<i>To (month/year)</i>
	<i>City & State Where Located</i>	<i>Phone No. (with area code)</i>	<i>Type of Business</i>	<i>Ending Salary</i>
	<i>Position Title</i>	<i>Reason for Leaving</i>		<i>Are you eligible for rehire?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No
	<i>Name of Supervisor</i>	<i>Title of Supervisor</i>	<i>Supervisor's Phone No.</i>	

MILITARY SERVICE (Complete if you have served in the US Military. A copy of your DD-214 may be needed for verification.)

<i>Branch</i>	<i>Final Base, City & State where assigned</i>	<i>Date Entered</i>	<i>Date Discharged</i>	<i>Rank and Position at Discharge</i>
<i>Name and Title of Supervisor</i>		<i>Phone No. (with area code)</i>	<i>Did you receive a DISHONORABLE discharge?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>List service schools or special relevant experience.</i>				

APPLICANT NAME _____

DATE _____

EDUCATION (If diploma or degree was received under a different name, please include.)

<i>School</i>	<i>Name of School - City & State Where Located</i>	<i>Degree Received</i>	<i>Year Received</i>	<i>Dates of Attendance</i>	<i>Major & Minor Fields of Study</i>
<i>High School</i>			<i>Do Not Complete</i>		
<i>College</i>					
<i>Other, including GED</i>					

ADDITIONAL QUALIFICATIONS

Professional licenses, registrations or certifications currently held. List, including state of issuance and expiration date.

Languages in which you are fluent other than English.

List additional relevant skills or abilities.

PROFESSIONAL REFERENCES (List individuals familiar with your work; do not include relatives.)

<i>Name</i>	<i>City & State</i>	<i>Phone (Preferably Day Time)</i>	<i>Occupation</i>

I certify that I have read and understand the "Applicant Note" on Page One of this form and that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omission or misrepresentations of the facts called for in this application may result in rejection of my application or discharge at any time during my employment. I authorize the Company and/or its agents including consumer-reporting companies to verify any of this information. I authorize all persons, schools, companies, law enforcement agencies, and consumer reporting bureaus to release any and all information regarding my background.

In accordance with Company's policy to maintain a drug-free workplace, I understand any offer of employment will be contingent upon my submitting to a drug test and receiving a negative test result. Further, I understand certain employees may be subject to drug testing throughout their employment. I hereby agree to drug testing as required by Company policy and release Company from all liability arising from such testing and/or the decisions made based on such testing.

APPLICANT'S SIGNATURE

DATE