



Employment Application

An Equal Opportunity Employer

We consider applicants for all positions without regard to race, color, sex, religion, national origin, age, marital or veteran status, the presence of non-job related medical conditions or disabilities or any other legally protected status.

Applicant Information

Name: _____ Date: _____

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

Home phone: () _____ Work Phone: () _____ Cell Phone: () _____

Social Security #: _____ E-mail address: _____

Position for which you are applying: _____

Desired Salary: \$ _____ per _____ Date you can start: _____

Are you available to work: Full-time Part-time Temp Days Evenings Weekends All

Referred by: Newspaper Ad Recruited Walk-In Other, please list: _____

Are you either a U.S. citizen or legally eligible to hold employment in the United States? Yes No

Are you at least 18 years old? Yes No If no, birth date: _____

Are you related to anyone employed by our company? Yes No

If yes, name of the person, relationship and location employed: _____

Have you ever worked for our company? Yes No If yes, give dates: _____

Location: _____ Supervisor's name: _____

List Hours and Days Available to Work

	<u>Sunday</u>	<u>Monday</u>	<u>Tuesday</u>	<u>Wednesday</u>	<u>Thursday</u>	<u>Friday</u>	<u>Saturday</u>
From (time)							
To (time)							

Education

Type of School	Name and Address of School	Diploma/ Degree	Major or course of study
High School	Name _____	<input type="checkbox"/> Yes	
	Street: _____ City _____ State _____ Zip _____	<input type="checkbox"/> No	
College	Name _____	<input type="checkbox"/> Yes	
	Street: _____ City _____ State _____ Zip _____	<input type="checkbox"/> No	
Technical, trade, grad school or other	Name _____	<input type="checkbox"/> Yes	
	Street: _____ City _____ State _____ Zip _____	<input type="checkbox"/> No	



List any additional or special education, training, skills or machines operated: _____

Do you have any disabilities that may limit your ability to perform the work for which you are applying? Yes No

If yes, please explain: _____

What can be done to accommodate your limitation? _____

Have you ever been convicted (found guilty) of attempting or committing any crime other than a minor traffic violation?

Yes No. If yes, when? _____ For what? _____

**Note: A conviction record will not necessarily bar individuals from employment.
You are not required to reveal records which have been judicially expunged, sealed, or eradicated.**

Employment

List all former and current employers in reverse order. Give present or most recent employer first. Include any periods of unemployment, self-employment, military service, etc. Information provided subject to verification.

May we contact your present employer? Yes No
(We will have to contact your present employer before offer to hire will be made).

Company Name: _____ **Position/Title:** _____

Address: City: _____ State: _____ Zip: _____

Dates Employed From: (month/year): _____ **To:** (month/year) _____

Supervisor's Name: _____ **Title:** _____ **Phone Number:** _____

Starting Rate of Pay : \$ _____ per _____ **Last rate of pay: \$** _____ per _____

Responsibilities: _____

Reason for Leaving: _____

If time elapsed between positions, please explain: _____

May we contact your previous supervisor for a reference? yes no

Company Name: _____ **Position/Title:** _____

Address: City: _____ State: _____ Zip: _____

Dates Employed From: (month/year): _____ **To:** (month/year) _____

Supervisor's Name: _____ **Title:** _____ **Phone Number:** _____

Starting Rate of Pay : \$ _____ per _____ **Last rate of pay: \$** _____ per _____

Responsibilities: _____

Reason for Leaving: _____

May we contact your previous supervisor for a reference? yes no

Company Name: _____ **Position/Title:** _____

Address: City: _____ State: _____ Zip: _____

Dates Employed From: (month/year): _____ **To:** (month/year) _____

Supervisor's Name: _____ **Title:** _____ **Phone Number:** _____

Starting Rate of Pay : \$ _____ per _____ **Last rate of pay: \$** _____ per _____

Responsibilities: _____

Reason for Leaving: _____

May we contact your previous supervisor for a reference? yes no

Please use the back of this form for additional employers



References

Please list three personal or professional character references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

IMMIGRATION ACT

I understand that, if hired, I will be required to offer examination documents proving that I am a United States citizen or an alien currently authorized to work in the United States. I also understand that my continued employment is contingent upon my proving the necessary documentation within the prescribed time frames.

Acknowledgement: _____ Date: _____

(Applicant's Signature)

READ CAREFULLY BEFORE SIGNING

- I hereby certify, to the best of my knowledge that the answers given are true and complete. I also understand that an omission or falsification may disqualify me from consideration for employment or may be grounds for my immediate dismissal.
I agree to conform to the rules and regulations of the company and, if employed, I understand and agree that my employment is at-will and that no employment contract rights have been created. I also understand and agree that my employment may be terminated at any time with or without cause, and with or without advance notice at the option of either the company or myself.
I understand that no supervisor, manager, or other representative of the company has any authority to enter into any express or implied contract for employment for any specific period of time. Any agreement contract to the above must be in writing and expressly state that is a contract and be signed by the authorized representative of the company.
I agree to a physical examination, if requested, and understand that failure to meet any medical and/or health requirements for the position will prevent my employment with the company. I also understand that employment, for certain positions, is conditional upon successful completion of a substance abuse screening test as part of the company's pre-employment policy.

Acknowledgement: _____ Date: _____

(Applicant's Signature)

No health care employer shall hire, employ, or retain any individual who has a disqualifying conviction or an administrative finding of abuse, neglect or theft pursuant to 42 CFR Section 483.13 and 225 ILCS 46/25"