

EMPLOYMENT APPLICATION

OFFICE/MANAGEMENT

Position Applied For

Last

First

Middle

Date

IMPORTANT

This application is part of the selection process. Use one application for each position. Please fill it out carefully and use ink.

If you need additional space to answer any questions, you may attach extra sheets. Complete all sections of this application including your signature and the date. Incomplete applications will be returned.

APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

DATE OF APPLICATION

MONTH	DAY	YEAR

- It is the company's policy to provide equal opportunity in conformance with all applicable laws.
- In accordance with the Immigration Reform and Control Act of 1986, any offer of employment is conditioned upon satisfactory proof of applicant's identity and legal ability to work in the United States.

PERSONAL INFORMATION

LAST NAME	FIRST	MIDDLE	HOME TELEPHONE NUMBER
ADDRESS	CITY	STATE	ZIP CODE
PLEASE INDICATE OTHER NAMES YOU HAVE USED WHILE WORKING OR ATTENDING SCHOOL, SUCH AS A FORMER NAME, ETC.			WORK TELEPHONE NUMBER
			MESSAGE OR CELL NUMBER

POSITION OBJECTIVE

HOW WERE YOU REFERRED? (I.e. newspaper, friend, job fair, internet, other) PLEASE GIVE A NAME		POSITION DESIRED?
DATE AVAILABLE FOR WORK	PLEASE INDICATE DAYS OR HOURS YOU ARE NOT ABLE TO WORK.	PAY WAGE DESIRED?
ARE YOU WILLING TO RELOCATE? YES <input type="checkbox"/> NO <input type="checkbox"/>	DO YOU HAVE A GEOGRAPHICAL PREFERENCE?	

GENERAL INFORMATION

HAVE YOU EVER WORKED FOR THIS COMPANY OR ANY OF ITS SUBSIDIARIES OR FRANCHISES? YES <input type="checkbox"/> NO <input type="checkbox"/>	IF YES, WHEN?	WHERE?
DO YOU HAVE ANY FRIENDS OR RELATIVES EMPLOYED BY THIS COMPANY OR ANY OF ITS SUBSIDIARIES OR FRANCHISE? YES <input type="checkbox"/> NO <input type="checkbox"/>	IF YES, DATE?	LOCATION?
HAVE YOU PREVIOUSLY SUBMITTED AN APPLICATION WITH US? YES <input type="checkbox"/> NO <input type="checkbox"/>	IF YES, PLEASE DESCRIBE IN FULL	
HAVE YOU BEEN CONVICTED OF A FELONY WITHIN THE PAST SEVEN YEARS? YES <input type="checkbox"/> NO <input type="checkbox"/> A "YES" ANSWER DOES NOT AUTOMATICALLY DISQUALIFY YOU FROM EMPLOYMENT WITH THE COMPANY IF YES, PLEASE DESCRIBE IN FULL:		
<small>"PURSUANT TO PUBLIC ACT 93-0211, EFFECTIVE January 1, 2004, (20 ILCS 2630-12 A) APPLICANTS SEEKING EMPLOYMENT WITH THE STATE OF ILLINOIS ARE NOT OBLIGATED TO DISCLOSE AN ARREST OR CONVICTION RECORD THAT HAS BEEN EXPUNGED OR SEALED. EMPLOYERS MAY NOT ASK IF AN APPLICANT HAS HAD RECORDS EXPUNGED OR SEALED. PUBLIC ACT 93-0211 DOES NOT APPLY TO LAW ENFORCEMENT AGENCIES, DEPARTMENT OF CORRECTIONS, STATE ATTORNEYS AND OTHER PROSECUTORS."</small>		
ARE YOU ABLE TO PERFORM ALL THE ESSENTIAL FUNCTIONS OF THE JOB WITH OR WITHOUT REASONABLE ACCOMMODATIONS FOR WHICH YOU ARE APPLYING? YES <input type="checkbox"/> NO <input type="checkbox"/>		
HAVE YOU EVER BEEN INVOLUNTARILY DISCHARGED FROM EMPLOYMENT? YES <input type="checkbox"/> NO <input type="checkbox"/>	IF YES, PLEASE EXPLAIN	
IF OFFERED EMPLOYMENT, CAN YOU SUBMIT VERIFICATION OF YOUR LEGAL RIGHT TO WORK IN THE UNITED STATES? YES <input type="checkbox"/> NO <input type="checkbox"/>		

EDUCATIONAL HISTORY

SCHOOL	NAME AND LOCATION	MAJOR	LEVEL OR YEARS COMPLETED	TYPE OF DEGREE OR CERTIFICATE
HIGH SCHOOL			9 10 11 12	
COLLEGES / UNIVERSITY			1 2 3 4	
GRADUATE SCHOOL			1 2 3 4	
OTHER SCHOOLS			1 2 3 4	

EMPLOYMENT HISTORY

PLEASE READ CAREFULLY: BEGIN WITH PRESENT OR MOST RECENT EMPLOYER AND LIST ALL JOBS YOU HAVE HELD FOR AT LEAST THE PAST TEN YEARS. ACCOUNT FOR PERIODS OF UNEMPLOYMENT IN THE SPACE PROVIDED BELOW. YOU MAY ATTACH A RESUME, BUT APPLICATION MUST BE COMPLETED IN FULL.

MAY WE CONTACT YOUR CURRENT EMPLOYER EVEN IF AN OFFER OF EMPLOYMENT HAS NOT YET BEEN EXTENDED?		
YES	NO	(IF YOU ACCEPT AN OFFER OF EMPLOYMENT, WE MAY CONTACT YOUR CURRENT EMPLOYER EVEN IF YOU CHECK NO)

FROM	TO	EMPLOYER NAME AND COMPLETE ADDRESS (COMPANY NAME, STREET NO., CITY, STATE AND ZIP CODE)		
MO	YR.	MO	YR.	
STARTING PAY		ENDING PAY		YOUR JOB TITLE
\$	PER	\$	PER	IMMEDIATE SUPERVISOR
TELEPHONE				
DESCRIPTION OF DUTIES				
REASON FOR LEAVING				MAY WE CONTACT?
				YES <input type="checkbox"/> NO <input type="checkbox"/>

FROM	TO	EMPLOYER NAME AND COMPLETE ADDRESS (COMPANY NAME, STREET NO., CITY, STATE AND ZIP CODE)		
MO	YR.	MO	YR.	
STARTING PAY		ENDING PAY		YOUR JOB TITLE
\$	PER	\$	PER	IMMEDIATE SUPERVISOR
TELEPHONE				
DESCRIPTION OF DUTIES				
REASON FOR LEAVING				MAY WE CONTACT?
				YES <input type="checkbox"/> NO <input type="checkbox"/>

FROM	TO	EMPLOYER NAME AND COMPLETE ADDRESS (COMPANY NAME, STREET NO., CITY, STATE AND ZIP CODE)		
MO	YR.	MO	YR.	
STARTING PAY		ENDING PAY		YOUR JOB TITLE
\$	PER	\$	PER	IMMEDIATE SUPERVISOR
TELEPHONE				
DESCRIPTION OF DUTIES				
REASON FOR LEAVING				MAY WE CONTACT?
				YES <input type="checkbox"/> NO <input type="checkbox"/>

FROM	TO	EMPLOYER NAME AND COMPLETE ADDRESS (COMPANY NAME, STREET NO., CITY, STATE AND ZIP CODE)		
MO	YR.	MO	YR.	
STARTING PAY		ENDING PAY		YOUR JOB TITLE
\$	PER	\$	PER	IMMEDIATE SUPERVISOR
TELEPHONE				
DESCRIPTION OF DUTIES				
REASON FOR LEAVING				MAY WE CONTACT?
				YES <input type="checkbox"/> NO <input type="checkbox"/>

PLEASE EXPLAIN ANY PERIODS OF UNEMPLOYMENT		
FROM	TO	HOW DID YOU SPEND YOUR TIME?
FROM	TO	HOW DID YOU SPEND YOUR TIME?
FROM 06/05 90303	TO	HOW DID YOU SPEND YOUR TIME?

SPECIALIZED SKILLS AND KNOWLEDGE

LIST ANY ACHIEVEMENTS OR ACTIVITIES THAT YOU CONSIDER RELEVANT TO YOUR ABILITY TO PERFORM THE JOB FOR WHICH YOU ARE APPLYING, SUCH AS: AWARDS RECEIVED, MEMBERSHIPS OR OFFICES HELD IN PROFESSIONAL ORGANIZATIONS, LICENSES HELD, COMPUTER LANGUAGES OR SOFTWARE PROGRAMS, FOREIGN LANGUAGES (PROFICIENCY IN SPEAKING AND WRITING), ETC. (EXCLUDE THOSE WHICH MAY DISCLOSE YOUR RACE, COLOR, RELIGION, AND NATIONAL ORIGIN, OR ANY OTHER CHARACTERISTIC PROTECTED BY LAW.)

PROFESSIONAL AFFILIATION

PLEASE LIST JOB-RELATED ORGANIZATIONS, CLUBS, PROFESSIONAL SOCIETIES OR ORGANIZATIONS TO WHICH YOU BELONG. (EXCLUDE THOSE WHICH MAY DISCLOSE YOUR RACE, COLOR, RELIGION, AND NATIONAL ORIGIN, OR ANY OTHER CHARACTERISTIC PROTECTED BY LAW.)

BUSINESS REFERENCES

NAME	OCCUPATION	MAILING ADDRESS	TELEPHONE include area code
			()
			()
			()
			()
			()

DRUG AND ALCOHOL POLICY

THE COMPANY HAS A VITAL INTEREST IN MAINTAINING A DRUG AND ALCOHOL FREE ENVIRONMENT FOR ITS EMPLOYEES, CUSTOMERS AND VISITORS. THEREFORE, THE COMPANY PROHIBITS THE USE OF, POSSESSION OF, DISTRIBUTION OF, PURCHASE OR SALE OF, OFFERING TO PURCHASE OR SELL, TRANSFER OF, TRAFFICKING IN, AND WORKING OR REPORTING FOR WORK UNDER THE INFLUENCE OF INTOXICANTS, DRUGS OR CONTROLLED OR ILLEGAL SUBSTANCES. APPLICANTS FOR EMPLOYMENT MAY UNDERGO A POST-OFFER, PRE-EMPLOYMENT DRUG AND ALCOHOL SCREENING AS A CONDITION OF EMPLOYMENT. RESULTS OF SUCH TESTS WILL BE KEPT CONFIDENTIAL IN ACCORDANCE WITH APPLICABLE LAWS.

PLEASE READ AND SIGN BELOW

I HEREBY CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION FORM IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND AGREE TO HAVE ANY OF THE STATEMENTS CHECKED BY THE COMPANY UNLESS I HAVE INDICATED TO THE CONTRARY. I AUTHORIZE THE REFERENCES LISTED ABOVE TO PROVIDE THE COMPANY WITH ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THAT 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 COMPANY AS WELL AS FROM THE USE OR DISCLOSURE OF SUCH INFORMATION BY THE COMPANY OR ANY OF ITS AGENTS, EMPLOYEES, OR 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.

I UNDERSTAND THAT ACCEPTANCE OF AN OFFER OF EMPLOYMENT DOES NOT CREATE A CONTRACTUAL OBLIGATION UPON THE EMPLOYER TO CONTINUE TO EMPLOY ME IN THE FUTURE. I UNDERSTAND THAT EMPLOYMENT WITH THE COMPANY IS "AT-WILL" MEANING THAT THE TERMS AND CONDITIONS OF EMPLOYMENT MAY BE CHANGED WITH OR WITHOUT NOTICE, WITH OR WITHOUT CAUSE, INCLUDING, BUT NOT LIMITED TO, TERMINATION, DEMOTION, PROMOTION, COMPENSATION, BENEFITS, DUTIES, AND LOCATION OF WORK. I UNDERSTAND THAT NO REPRESENTATIVE OF THE COMPANY HAS THE AUTHORITY TO MAKE ASSURANCES TO THE CONTRARY.

APPLICANT'S SIGNATURE: _____

DATE: _____