



Employment Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Date Available: _____ Social Security No.: _____ Desired Salary: \$ _____

Position Applied for: _____ What hours can you work? _____

Do you have a valid Illinois driver's license? YES NO
 If no, please explain: _____

Are you a citizen of the United States? YES NO YES NO
 If no, are you authorized to work in the U.S.?

Have you ever worked for this company? YES NO
 If yes, when? _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO
 Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO
 Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO
 Degree: _____

Company: _____ Phone: _____
Address: _____ Supervisor: _____

Job Title: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

List any special training or skills that you may have: _____

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Disclaimer and Signature

The information that I have provided in this application is true, correct and complete. I understand that this prospective employer will contact the previous employers, educational institutions and any other individuals to verify the accuracy of information provided. By signing this application, I understand that I waive all rights and claims I may otherwise have against the prospective employer or its representatives, for seeking and using information to evaluate my employment request and all other persons, corporations and/or organizations who provide information for this purpose.

False, incomplete or misrepresented information of any kind will be sufficient cause for my application to be rejected or, if discovered after I am employed, cause for immediate termination of my employment.

This application will expire in 60 days. After that date, unless otherwise notified, I understand that my status as an applicant will end. I may re-apply for employment in the future by completing a new application.

This application is not an agreement for employment. If I accept an offer of employment, I understand that no one other than the Executive Director or their assignee has the authority to enter into any employment agreement with terms contrary to the foregoing and then only in writing signed by such officer.

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____