

P.O. Box 40 · Dahlgren, Illinois · 62828 · 618-736-2211 · 618-736-2616 (fax)

APPLICATION FOR EMPLOYMENT Da			Date of Applicat	Date of Application:			
Position(s) Applied For:							
Referral Source:	vertisement alk-In	☐ Friend☐ Other:	□ Relative		•	oyment Agency	
Name:Last		First		N	Middle		
Current Address:				-	,110010		
Street		City		State		Zip	
Telephone: ( )		Social Securi	ty Number:				
If employed and you are under 18, can you furnish a work permit?					□ Yes	□ No	
Have you filed an application here before? If yes, give date:					□ Yes	□ No	
Have you ever been employed here before? If yes, give date:					□ Yes	□ No	
Are you employed now?					□ Yes	$\square$ No	
May we contact your present employer?					□ Yes	□ No	
Are you a U.S. citizen or can you establish that you are an authorized worker?					□ Yes	□ No	
On what date would you be av	ailable for work	:?					
Are you available to work:	□ Ful	l Time	□ Part Time	Ε	□ Specia	al Assignment	
Are you on layoff and subject	to recall?				□ Yes	□ No	
Have you ever been convicted (other than a minor traffic viol		ry or nolo conter	ndere to any crime	[	⊐ Yes	□ No	
If yes, please explain (Note the crime and when the conviction							
NOTE: You are NOT obliga			ged records of con	victions	or arre	st.	
Approximate rate of pay expec	cted:						
Do you have the physical abili you are applying?	ty to perform al	l essential duties	s of the job(s) for wl		⊐ Yes	□ No	
If no, please explain:							

Are there workplace accommodations enable you to perform your job to you		□ Yes □ No
If yes, please indicate:		
List professional, trade, business or c religion, sex or national origin.)		clude those which indicate race, color,
Give name, address and telephone nu employers:		not related to you and are not previous
	<b>EDUCATION</b>	
	SECONDARY	COLLEGE/ UNIVERSITY
School Name		
Years Completed (Circle)	9 10 11 12	1 2 3 4
Diploma/Degree		
Describe Course of Study		
Describe Specialized Training, Apprenticeship, Skills and Extra-Curricular Activities		
State any additional information you	feel may be helpful to us in consid	ering your employment:
Summarize special skills and qualific	ations acquired from employment	or other experience.

## EMPLOYMENT EXPERIENCE

Start with your present or last job. Include military service assignments and volunteer activities.

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	DATES EMPLOYED		WORK PERFORMED
EMPLOYER	FROM:	то:	
ADDRESS			
PHONE			
JOB TITLE	HOURLY RA	ATE/SALARY	
GUNERAUGOR	STARTING:	FINAL:	
SUPERVISOR			
REASON FOR LEAVING			
	DATES E	MPLOYED	WORK PERFORMED
EMPLOYER	FROM:	TO:	
ADDRESS			
PHONE			
JOB TITLE	HOURLY RATE/SALARY		
SUPERVISOR	STARTING:	FINAL:	
SUPERVISOR			
REASON FOR LEAVING			
	DATES E	MPLOYED	WORK PERFORMED
EMPLOYER	FROM:	то:	
ADDRESS			
PHONE			
JOB TITLE	HOURLY RATE/SALARY		
SUPERVISOR	STARTING:	FINAL:	
SULEKVISOR			
REASON FOR LEAVING			
	DATES E	MPLOYED	WORK PERFORMED
EMPLOYER	FROM:	TO:	
ADDRESS			
PHONE			
JOB TITLE	HOURLY RATE/SALARY		
CINEDAICOD	STARTING:	FINAL:	
SUPERVISOR			
REASON FOR LEAVING			

If you need additional space, please continue on a separate sheet of paper.

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of a disability or handicap.

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application or any other pre-employment documents shall result in termination when discovered. I authorize you to obtain an investigative consumer report and/or a report from any law enforcement agency which may include both general and personal information about me. I authorize investigation of all statements contained herein and authorize the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties form all liability for any damage that may result from furnishing same to you.

In consideration of my employment, I agree to conform to the rules and regulations of the Company and agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at the option of either the Company or myself and without notice or liability for wages or salary except such earned at the date of such termination. I understand that no manager, supervisor or representative of management, other than the President (or ranking officer), has any authority to enter into an agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing.

In the event that I am employed, I understand regardless of the shift and job that I am first assigned, I may be required to accept a change of job or shift depending on my demonstrated skills after employment and the needs of the Company. I consent to take any physical or medical examinations, including blood and urine or other tests for alcohol and drugs, requested by the Company in connection with the processing of my application for employment and further agree to take any such physical or medical examination requested by the Company during my employment if I am offered and accept a job. I understand that such an examination may be needed in order to determine my competence to perform the job or work for which I was hired, or to identify any physical or mental condition bearing on my job performance. I understand that refusal to submit to any physical or medical examination ordered by the Company will result in rejection for employment or for disciplinary action up to and including immediate discharge. I further understand that any information obtained through such exams may be retained by the Company and is exclusively the Company's property. I also understand that the examinations will be performed by medical personnel, clinics, or laboratories qualified to do the necessary work and costs for such examinations will be borne by the Company.

## FOR OFFICE USE ONLY- DO NOT WRITE BELOW THIS LINE

Position Considered:		
Interviewed By:		
Date:		
Accepted for Employment:		
Comments:		