Hamilton County Communications, Inc.

P.O. Box 40 · Dahlgren, Illinois · 62828 · 618-736-2242 · 618-736-2616 (fax)

PPLICATION FOR EMPLOYMENT Date of Application:					
Position(s) Applied I	For:				
Referral Source:	□ Advertisement□ Walk-In	☐ Friend☐ Other:	□ Relative	•	oyment Agency
Name:Last		First		Middle	
				Middle	
Current Address.	Street	City	State	7	Zip
Telephone: _()		Social Securi	ty Number:		
If employed and you	are under 18, can you f	urnish a work per	mit?	□ Yes	□ No
Have you filed an application here before? If yes, give date:					□ No
Have you ever been employed here before? If yes, give date:					□ No
Are you employed no	ow?			□ Yes	□ No
May we contact your present employer?					□ No
Are you a U.S. citize	en or can you establish tl	hat you are an aut	norized worker?	□ Yes	□ No
On what date would	you be available for wo	rk?			
Are you available to	work:	ull Time	□ Part Time	□ Specia	l Assignment
Are you on layoff an	d subject to recall?			□ Yes	□ No
Have you ever been (other than a minor t	convicted of, or pled gu raffic violation)?	ilty or nolo conter	ndere to any crime	□ Yes	□ No
	n (Note that conviction of conviction occurred will				
NOTE: You are NO	OT obligated to disclose	e sealed or expun	ged records of convict	ions or arre	st.
Approximate rate of	pay expected:				
Do you have the phy you are applying?	sical ability to perform	all essential duties	of the job(s) for which	□ Yes	□ No
If no, please explain:	:				

f yes, please indicate:		
List professional, trade, business or cieligion, sex or national origin.)		
Give name, address and telephone numeraployers:		related to you and are not previous
	EDUCATION	
	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 f	eel may be helpful to us in consider	ing your employment:
Summarize special skills and qualifica	ntions 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:	TO:			
ADDRESS					
PHONE					
JOB TITLE					
SUPERVISOR					
REASON FOR LEAVING					
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ADDRESS	T KOW.	10.			
PHONE	_				
JOB TITLE					
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:		