## **APPLICATION FOR EMPLOYMENT**

Equal Opportunity Employer

**Important Legal Notice:** An employer may not use any information provided by a job applicant in a way which results in illegal discrimination against the job applicant under applicable federal, state, or local law. For example, an employer may be subject to legal liability for denying a job opportunity to an applicant on the basis of information provided by the applicant regarding his or her educational background unless the information is reasonably related to the applicant's ability to perform the job or there is an otherwise legitimate business reason.

## PERSONAL INFORMATION

NAME					
(Last)	(first)	(Midd	lle)		
ADDRESS			CITY		
STATE Z	IPTEI	LEPHONE	(Area Code/Number)		
Are you legally authorized to work	t in the US: Yes	No			
POSITION DESIRED					
POSITION	SITIONSALARY/WAGES EXPECTED				
DATE YOU CAN START					
ARE YOU EMPLOYED NOW?CAN WE QUESTION YOUR PRESENT EMPLOYER?					
HAVE YOU EVER APPLIED TO THIS COMPANY BEFORE?					
IF SO, WHERE?		WHEN?			

## **IMPORTANT NOTICE TO APPLICANTS**

Under Illinois law, job applicants are not obligated to disclose sealed or expunged records of conviction or arrest or expunged juvenile records of conviction or arrest.

EMPLOYMEN	IT HISTORY			
DATES EMPLOYER AND ADDRESS		JOB TITLE/DESCRIPTION OF DUTIES		
1				
2.				
TO				
3				
ТО				
4				
ТО				
<u> </u>				
		1		
EDUCATION	(Complet	e only if marked by p	rospective employer as	s required for position)
NAME OF	SCHOOL	LOCATION	(	COURSE/DEGREE
TRAINING OF position)	R SPECIAL STUDY	(Complete only	if marked by prospec	tive employer as required for
REFERENCE	S			
	of three persons not rel	ated to you, that you	have known for at least	t one year.
NAME	ADDRESS	PHONE NO.	OCCUPATION	YEARS KNOWN

IST OF ESSENTIAL JOB-RELATED FUNCTIONS (These will be filled in by the prospective employer	,
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4.

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 SHALL BE GROUNDS FOR DISMISSAL.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES LISTED ABOVE TO GIVE ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT.

DATE:	SIGNATURE:							
DO NOT WRITE BELOW THIS LINE - FOR EMPLOYER USE ONLY								
INTERVIEWED BY:		DATE:	:					
COMMENTS:								
HIRE: YES	NO							
POSITION:		DEPARTMENT:						
SALARY/WAGE:		REPORT DATE:						
APPROVED:1.	2		3	<u> </u>				
Ma	anager	Dept. Head		General Manager				

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