



3230 W. Lake Avenue
Glenview, IL 60026
847-724-3777 / 847-724-3227 fax

APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job related medical condition or handicap or any other legally protect status.

Personal Information

Date _____

Name _____ Social Security No. _____

Street _____ City _____ State _____ Zip _____

Home Phone No. _____ Cell Phone No. _____

e-mail: _____ Are you 18 years or older? Yes _____ No _____

Referred By _____

Position Applied For _____ Salary Expected _____

Are you either a U.S. Citizen or an alien authorized to work in the United States? Yes _____ No _____

Do you have a valid drivers license? Yes _____ No _____

Driver's License # _____

Have you been convicted of a felony within the last seven (7) years? Yes _____ No _____

(Conviction will not necessarily disqualify an applicant from employment)

If yes, please explain: _____

Do you have a physical or mental condition which may limit your ability to perform the job applied for or pose a potential risk to other employees or customers?

Yes _____ No _____

If yes, please explain: _____

Previously employed by this company? Yes _____ No _____

List any relatives employed by this company:

Name _____ Relationship _____

Are you currently on "lay-off" status and subject to recall? Yes _____ No _____

Are you currently employed? Yes _____ No _____ If yes, are you self-employed? Yes _____ No _____

On what date would you be available for to start? _____

Briefly state your job goals: _____



Employment History

Start with your present or last job

Employer _____ Address _____

Phone No. _____ Immediate Supervisor _____

Date Began _____ Date Left _____ Starting Salary _____ Ending Salary _____

Summarize job description and responsibilities _____

Employer _____ Address _____

Phone No. _____ Immediate Supervisor _____

Date Began _____ Date Left _____ Starting Salary _____ Ending Salary _____

Summarize job description and responsibilities _____

Employer _____ Address _____

Phone No. _____ Immediate Supervisor _____

Date Began _____ Date Left _____ Starting Salary _____ Ending Salary _____

Summarize job description and responsibilities _____

Employer _____ Address _____

Phone No. _____ Immediate Supervisor _____

Date Began _____ Date Left _____ Starting Salary _____ Ending Salary _____

Summarize job description and responsibilities _____

General skills, background training you have acquired that you feel are relevant to this position: _____



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Education

Name of High School attended _____ Location _____

Number of years completed: _____ Year Graduated: _____

Name of College attended _____ Location _____

Number of years completed: _____ Year Graduated: _____

List any trade schools, specialized training or apprenticeship you've pursued that may be relevant to the position

References

Name _____ Address _____ Phone # _____

Name _____ Address _____ Phone # _____

Name _____ Address _____ Phone # _____

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

I authorize investigation of all statements contained herein 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 from all liability for any damage that may result from furnishing same to you.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this company is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such a change is specifically acknowledged in writing by an authorized executive of the company.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant _____ Date _____

For Office use Only

Arrange Interview: Yes _____ No _____

Interview Date _____ Interviewed By _____

Employed: Yes _____ No _____ Date of Employment _____

Job Title _____ Salary _____ Benefits _____