

619 Estes Ave. Schaumburg , IL 60193 (847) 985-2444 Fax (847) 985-7677

APPLICANT I	NFORMATION	ı								
Last Name				First			M.I.	Date		
Street Address							Apartment/Unit #			
City				State			ZIP			
Phone				E-mail Address						
Date Available Social Se			al Secu	curity No.						
Position Applied f	or									
Are you a citizen of the United States? YES				NO If no, are you authorized to work in the U.S.? YES NO						
Have you ever worked for this company? YES				NO If so, when?						
Have you ever be	een convicted of a	a felony? YES	r	NO 🗆	If yes, exp	olain				
EDUCATION										
High School	High School			Address		1				
From	То	Did you graduate	e? \	res 🗌	NO 🗌	Degree				
College	College			Address						
From	То	Did you graduate	e? \	/ES 🗌	NO 🗌	Degree				
Other				Address						
From	То	Did you graduate	e? \	/ES 🗌	NO 🗌	Degree				
LICENSE										
Drivers Lic.#								State		
Professional Lic.#	£									
Other										
MILITARY SE	RVICE									
Branch				From To						
Rank at Discharg	e			Тур	oe of Discha	rge				
If other than hon	orable, explain									

PREVIOUS EMPLOYMENT								
Company					Phone ()			
Address				Supervisor				
Job Title			Starting Salary	\$		Ending Salary \$		
Responsibilities								
From	To Reason for Leaving							
May we contact your previous supervisor for a reference?					NO 🗆			
Company					Phone ()			
Address				Supervisor				
Job Title			Starting Salary	\$		Ending Salary \$		
Responsibilities								
From To Reason for Leaving								
May we contact your previous supervisor for a reference? YES				NO 🗆				
Company					Phone ()			
Address					Supervisor			
Job Title Starting Salary				\$		Ending Salary \$		
Responsibilities								
From	m To Reason for Leaving							
May we contact your previous supervisor for a reference? YES			NO 🗆					
REFERENCES								
Please list three re	eferences.							
Full Name					Relationship			
Company					()			
Address								
Full Name					Relationship			
Company					()			
Address								
Full Name				Relationship				
Company					()			

DISCLAIMER AND SIGNATURE

I understand that if i am employed, any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate discharge from the employer's service, whenever it is discovered.

I give the employer the right to contact and obtain information from all references, employers, educational institutions and to otherwise verify the accuracy of the information contained in this application. I hereby release from liability the employer and its representatives for seeking, gathering and using such information and all other persons, corporations or organizations for furnishing such information.

The employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by local, state or federal law.

This application is current for only 60 days. At the conclusion of this time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice. In addition, I understand that the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no representative of the employer, other than an authorized officer, has the authority to make any assurances to the contrary. I further understand that any such assurances must be in writing and signed by an authorized officer.

I understand it is this company's policy not to refuse to hire a qualified individual with a disability because of that person's need for a reasonable accommodation as required by the ADA.

I also understand that if I am hired, I will be required to provide proof of identity and legal work authorization. I understand that as part of the hiring process I may be asked to submit to a drug-alcohol test and background check, and if employed, may from time to time be asked to submit to additional drug-alcohol test(s) without cause or without notice. Refusal of this request will result in this application being withdrawn for consideration.

I represent and warrant that I have read and fully understand the foregoing and seek employment under these conditions.

Signature	Date