



610 West Cedar Chillicothe, IL 61523  
(309) 274-4209

# Application for Employment

## Personal Information

Date:

Email:

Last Name		First Name		Social Security No.	
Present Address			City	State	Zip Code
Permanent Address			City	State	Zip Code
Phone No.			Referred By (if applicable)		

## Employment Desired

Position				Date you can start	
Are you employed?	YES	NO	If yes, may we inquire with your current employer?	YES	NO
Have you ever applied for a position at this company?			YES	NO	When

## Education History

Name & Location of School	Years Attended	Did You Graduate	Subjects Studied
High School			
College			
College			
Trade, Business or Correspondence School			

## General Information

Subjects of Special Study/Research Work or Special Training/Skills	
U.S. Military or Naval Service	Rank

Have you ever been convicted of a felony? YES NO

## Former Employers (List below last four starting with the most recent)

DATE: Month/Year	Name, phone & address of employer	Salary	Position	Reason For Leaving
FROM TO				
FROM TO				
FROM TO				
FROM TO				

CONTINUED ON OTHER SIDE

**References** (Give below the names of three persons not related to you whom you have know for at least one year)

Name		Name		Name	
Address		Address		Address	
Business		Business		Business	
Years Known	Phone Number	Years Known	Phone Number	Years Known	Phone Number

**Authorization**

“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 and employers listed above may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.”

“I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.”

“This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.”

Signature \_\_\_\_\_ Date \_\_\_\_\_

Interviewed by \_\_\_\_\_ Date \_\_\_\_\_

