

APPLICATION FOR EMPLOYMENT

Notice: **Applicants should read the following Information carefully** before completing any of the questions in this form. Title VII of the Civil Rights Act of 1964, as amended, prohibits discrimination in employment because of race, color, sex, religion, or national origin. The Age Discrimination in Employment Act of 1967 prohibits discrimination on the basis of age. The Americans With Disabilities Act further prohibits discrimination on the basis of disability.

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

PERSONAL INFORMATION

DATE _____

NAME _____ SOCIAL SECURITY NUMBER _____

LAST FIRST MIDDLE

PRESENT ADDRESS _____

STREET CITY STATE ZIP

PREVIOUS ADDRESS _____

STREET CITY STATE ZIP

PHONE NO. (_____) ALTERNATE PHONE NO. _____

IF YOU ARE UNDER AGE 18 YEARS OLD, PLEASE STATE AGE _____

ARE YOU EITHER A U.S. CITIZEN OR AN ALIEN AUTHORIZED TO WORK IN THE UNITED STATES? Yes No

EMPLOYMENT DESIRED

POSITION _____ DATE YOU CAN START _____ SALARY DESIRED _____

ARE YOU EMPLOYED NOW? _____ IF SO MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? _____

EVER APPLIED TO THIS COMPANY BEFORE? _____ WHERE? _____ WHEN? _____

REFERRED BY

EDUCATION	NAME AND LOCATION OF SCHOOL	NO OF YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
GRAMMAR SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS, OR CORRESPONDENCE SCHOOL				

MILITARY SERVICE

Branch of Service	From	To	Rank & Duties	Date Discharged

Are you now enrolled in Military Reserve? Yes No

Branch: _____ Rank: _____ Location: _____ Years Enrolled: _____

(APPLICANT TO ANSWER ONLY IF APPLYING AS A DRIVER OR VEHICLE OPERATOR)

Check the Types of Vehicles You Are Qualified To Operate: Passenger Car Light Truck Heavy Truck or Tractor Other

Driver's License Class _____

Driver's License No. _____ State _____ Expires: _____ Ever Suspended or Revoked? _____

Do You Operate an Automobile? Yes No If Yes, Give Make and Year _____

Do You Have Auto Insurance? Yes No Has It Ever Been Cancelled or Renewal Refused? Yes No

How Many Convictions For Moving Violations Within Past 3 Years _____

(CONTINUED OTHER SIDE)

LAST

FIRST

MIDDLE

FORMER EMPLOYERS (LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH LAST ONE FIRST)

DATE MONTH AND YEAR	NAME AND ADDRESS OF EMPLOYER	PHONE NO.	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				

WHICH OF THESE JOBS DID YOU LIKE BEST?

WHAT DID YOU LIKE MOST ABOUT THIS JOB?

REFERENCES: GIVE THE NAMES OF THREE PERSONS **NOT** RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

NAME	ADDRESS	PHONE NO.	BUSINESS	YEARS ACQUAINTED
1				
2				
3				

IN CASE OF EMERGENCY NOTIFY:

NAME ADDRESS PHONE NO.

"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 YOU ANY AND ALL INFORMATION CONCERNING PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, AND RELEASE ALL PARTIES FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM FURNISHING SAME TO YOU.

I UNDERSTAND AND AGREE THAT, IF HIRED, MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT PRIOR NOTICE AND WITHOUT CAUSE."

DATE SIGNATURE

NOT WRITE BELOW THIS LINE

INTERVIEWED BY DATE

REMARKS

APPEARANCE ABILITY

HIRED: Yes No POSITION DEPT.

SALARY/WAGE DATE REPORTING TO WORK

APPROVED 1. EMPLOYMENT MANAGER 2. DEPT. HEAD 3. GENERAL MANAGER



ILLINOIS FOOD RETAILERS ASSOCIATION