



11550 Kreutzer Road  
 Huntley, IL 60142

DATE: \_\_\_\_\_

**Application for Employment**

**PERSONAL**

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Home Telephone \_\_\_\_\_ Business Telephone \_\_\_\_\_ Social Security # \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Position Desired \_\_\_\_\_

Other special training or skills (languages, machine operations, etc.) \_\_\_\_\_

**EDUCATION**

School	Name and Location of School	Course of Study	No. of Yrs Completed	Did You Graduate	Degree or Diploma
High School					
College					
Business/Trade/ Technical					

**Membership in Professional or Civic Organizations**  
*(Exclude those which may disclose your race, color, religion or national origin)*

\_\_\_\_\_

\_\_\_\_\_

I give this location the authority to release this employment application. This application may be provided to other locations in the Chicagoland area for possible employment opportunities.

Signed \_\_\_\_\_ Date \_\_\_\_\_

# EMPLOYMENT HISTORY

Please give accurate, complete full-time and part-time employment record. Start with your present or most recent employer.

1

Company name	Telephone
Address	Employed - (State month and year) From To
Name of Supervisor	Weekly Pay Start Last
Job Title	Reason for Leaving
Describe your work	

2

Company name	Telephone
Address	Employed - State month and year) From To
Name of Supervisor	Weekly Pay Start Last
Job Title	Reason for Leaving
Describe your work	

3

Company name	Telephone
Address	Employed - State month and year) From To
Name of Supervisor	Weekly Pay Start Last
Job Title	Reason for Leaving
Describe your work	

4

Company name	Telephone
Address	Employed - (State month and year) From To
Name of Supervisor	Weekly Pay Start Last
Job Title	Reason for Leaving
Describe your work	

Have you ever been convicted of a crime in the past ten years, excluding misdemeanors and summary offenses, which has not been annulled, expunged or sealed by a court? Yes  No  If "Yes," describe in full:

---

---

---

Have you ever been fired from a job? Yes  No

Have you ever been laid off from a job? Yes  No

Have you ever resigned after learning that you might be fired? Yes  No

If your answer to the above question is "yes," please explain:

---

---

---

Are you able to perform either with or without reasonable accommodation all of the duties of the position which you seek? Yes  No

In "no," identify each duty which you are unable to perform either with or without a reasonable accommodation.

---

---

---

---

Check the skills in which you have had experience. Please note the type of training specific to each.

METAL WORK	<input type="checkbox"/>	_____
FRAME WORK	<input type="checkbox"/>	_____
MECHANICAL WORK	<input type="checkbox"/>	_____
PAINT PREP	<input type="checkbox"/>	_____
PAINT	<input type="checkbox"/>	_____
ESTIMATING	<input type="checkbox"/>	_____
ALIGNMENT	<input type="checkbox"/>	_____
WELDING	<input type="checkbox"/>	_____
GLASS	<input type="checkbox"/>	_____
FIBERGLASS	<input type="checkbox"/>	_____
AIR CONDITIONING	<input type="checkbox"/>	_____
UPHOLSTERY	<input type="checkbox"/>	_____
PARTS INVENTORY/ CONTROL	<input type="checkbox"/>	_____
DETAIL WORK	<input type="checkbox"/>	_____
COMPUTER	<input type="checkbox"/>	_____

Please list the computer software you have experience with (i.e. Microsoft Word, Lotus 123, etc).

Do you have transportation? Yes  No

Driver's License No. \_\_\_\_\_ State \_\_\_\_\_ Ever Suspended or Revoked? Yes  No

Do you operate an automobile? Yes  No  If "yes," give the year/make/model \_\_\_\_\_

Do you have auto insurance? Yes  No  Has it ever been cancelled or renewal refused? Yes  No

How many convictions for moving violations within the past 3 years? \_\_\_\_\_

# REFERENCES

**A**

Name \_\_\_\_\_

Number of Years Known \_\_\_\_\_

Address \_\_\_\_\_

Relationship \_\_\_\_\_

**B**

Name \_\_\_\_\_

Number of Years Known \_\_\_\_\_

Address \_\_\_\_\_

Relationship \_\_\_\_\_

**C**

Name \_\_\_\_\_

Number of Years Known \_\_\_\_\_

Address \_\_\_\_\_

Relationship \_\_\_\_\_

If you are hired whom should we notify in case of emergency?

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Do you understand that, if you are hired, you may be dismissed at any time without any fault on your part and without advanced notice? \_\_\_\_\_

Do you understand that, if you are hired or offered a position, you may be required to submit to drug or alcohol screening tests including urinalysis, blood tests, and breathalyzers? \_\_\_\_\_

**All of the information in this application form is true and complete. I have not omitted any information. I understand that any omission or misrepresentation which is discovered at a later date may result in my dismissal.**

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

## Authorization to Release Information

I, \_\_\_\_\_, authorize any and all of my former employers to provide this location with any information and documents describing: (a) my job duties, (b) the reason(s) I left that employment, and (c) any aspect of my employment including the quality of my job performance. I release my former employers and their agents, officers and employees from any and all claims, damages and liabilities arising from or in any way connected with the disclosure of the information and documents to this location.

Name \_\_\_\_\_ Date \_\_\_\_\_

Witness \_\_\_\_\_ Date \_\_\_\_\_