

APPLICATION FOR EMPLOYMENT

PLEASE PRINT CLEARLY

Date of Application _____

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 protected status.

PERSONAL

Name _____ Social Security No. _____
Last First Middle Initial

Present Address _____
No. Street City State Zip

Years at this address? _____ Email Address _____ Phone No. () _____

Previous Address _____ How long did you live there? _____
No. Street City State/Zip

Job(s) Applied for 1. _____
2. _____

How did you learn of this opening? _____

Do you want to work full-time ____ or part-time ____ Specify days and hours if part-time. _____

Have you worked for us before? _____ If yes, when? _____

List any friends or relatives working for us? _____

If hired on what date will you be available to start work? _____ Are you a United States Citizen? Yes ____ No ____

Please list any experiences, skills, or qualifications that would benefit you in your work with our Company _____

If hired, do you have a reliable means of transportation to get to work? _____

Do you have any physical handicaps, which would prevent you from performing specific kinds of work? _____
If yes, describe the defect(s) and explain the work limitations.

Have you had a serious illness in the past 5 years? Yes ____ No ____

Describe _____

Have you ever received compensation for injuries? Yes ____ No ____

Explain _____

Have you ever been convicted of a crime, including sex related or child abuse crimes, excluding misdemeanors and summary offenses? Yes _____ No _____

If yes, describe in full _____

Person to be notified in case of accident or emergency

| | |
|--------------------|---------------|
| Phone Number _____ | Name _____ |
| Relationship _____ | Address _____ |

PERSONAL REFERENCES

(Excluding Former Employers or Relatives)

| Name and Occupation | Address | Phone Number |
|---------------------|---------|--------------|
| 1. _____ | _____ | _____ |
| 2. _____ | _____ | _____ |
| 3. _____ | _____ | _____ |

PRIOR WORK HISTORY (List in order last to present employer first.)

| DATES | | NAMES AND ADDRESS OF EMPLOYER | | | SUPERVISOR'S NAME AND TITLE | REASON FOR LEAVING |
|--------------------------------------|----|-------------------------------|--|--|-----------------------------|--------------------|
| From | To | | | | | |
| | | Phone # | | | | |
| Describe in detail the work you did. | | | | | | |

| DATES | | NAMES AND ADDRESS OF EMPLOYER | | | SUPERVISOR'S NAME AND TITLE | REASON FOR LEAVING |
|--------------------------------------|----|-------------------------------|--|--|-----------------------------|--------------------|
| From | To | | | | | |
| | | Phone # | | | | |
| Describe in detail the work you did. | | | | | | |

| DATES | | NAMES AND ADDRESS OF EMPLOYER | | | SUPERVISOR'S NAME AND TITLE | REASON FOR LEAVING |
|--------------------------------------|----|-------------------------------|--|--|-----------------------------|--------------------|
| From | To | | | | | |
| | | Phone # | | | | |
| Describe in detail the work you did. | | | | | | |

| DATES | | NAMES AND ADDRESS OF EMPLOYER | | | SUPERVISOR'S NAME AND TITLE | REASON FOR LEAVING |
|--------------------------------------|----|-------------------------------|--|--|-----------------------------|--------------------|
| From | To | | | | | |
| | | Phone # | | | | |
| Describe in detail the work you did. | | | | | | |

May we contact the employers listed above? _____ If not, indicate which one(s) you do not wish us to contact.

EDUCATIONAL BACKGROUND

| TYPE OF SCHOOL | NAME AND ADDRESS | How Many Years Attended | Graduated | COURSE OR MAJOR |
|-------------------|------------------|-------------------------|-----------|-----------------|
| Grammar or Grade | | | Yes No | |
| High School | | | Yes No | |
| College | | | Yes No | |
| Post Graduate | | | Yes No | |
| Business or Trade | | | Yes No | |
| Other | | | | |

MILITARY SERVICE RECORD

Have you ever served in the armed forces? Yes _____ No _____ If yes, what branch?

Dates of duty: From _____ To _____ Rank at discharge? _____
month day year month day year

What were your duties in the Service (include special training and duty station)? _____

Have you had any schooling under the G. I. Bill of Rights? Yes _____ No _____ If yes, describe _____

Occasionally the application form makes it difficult for an individual to adequately summarize his complete background. To assist us in finding the proper position for you in our company, use the space below to summarize any additional information necessary to describe your full qualifications.

Thank you for completing this application form and for your interest in employment with us. We would like to assure you if your opportunity for employment with this company will be based only on your merit and on no other consideration.

**PLEASE READ CAREFULLY
APPLICANT'S CERTIFICATION AND AGREEMENT**

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge. I understand that if employed, falsified statements on this application shall be considered sufficient cause for dismissal. You are hereby authorized to make any investigation on my personal history and financial and credit record through any investigative or credit agencies or bureaus of your choice.

Signature of Applicant _____

DO NOT WRITE BELOW THIS LINE

Interview: Yes _____ No _____ Date: _____ Time: _____

Result of Interview _____

Acceptable for Employment? _____ Salary Step: _____ Salary Column: _____ Extra Hours: _____

Occupation: _____ Placement: _____

Start Date: _____

Interviewed by: _____

Approved by: _____

Iroquois Special Education Association
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