

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 <input type="checkbox"/> No <input type="checkbox"/>				

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? <input type="checkbox"/> Yes <input type="checkbox"/> No				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 _____ State _____ Expires: _____ Ever Suspended or Revoked? _____

Driver's License No. _____

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.	SALARY	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**