



PHONE 217.347.7764 FAX 217.347.7765

## APPLICATION FOR EMPLOYMENT

Applications are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or in the presence of a non-related medical condition or disability.

Name \_\_\_\_\_ Date \_\_\_\_\_  
Address \_\_\_\_\_ Phone # \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Desired Start Date? \_\_\_\_\_

### Employment Experience

Start with your present job or last job. Include military assignments and other volunteer activities.

Employer 1 \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone # \_\_\_\_\_ Supervisors' Name \_\_\_\_\_  
Job Title \_\_\_\_\_ Reason for leaving \_\_\_\_\_  
Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_ Salary or Hourly wage \_\_\_\_\_

Employer 2 \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone # \_\_\_\_\_ Supervisors' Name \_\_\_\_\_  
Job Title \_\_\_\_\_ Reason for leaving \_\_\_\_\_  
Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_ Salary or Hourly wage \_\_\_\_\_

Employer 3 \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone # \_\_\_\_\_ Supervisors' Name \_\_\_\_\_  
Job Title \_\_\_\_\_ Reason for leaving \_\_\_\_\_  
Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_ Salary or Hourly wage \_\_\_\_\_

## Education

School/Colleges Attended

# Years

Degree

_____	_____	_____
_____	_____	_____
_____	_____	_____

## Describe any special qualifications for this job

\_\_\_\_\_

\_\_\_\_\_

Drivers License/ ID# \_\_\_\_\_ State \_\_\_\_\_ Expiration \_\_\_\_\_

Are you a veteran of the U.S. Military? Yes \_\_\_\_\_ No \_\_\_\_\_

*I Certify* that answers given herein are true and complete to the best of my knowledge. I authorize investigations of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that this application is not intended to be a contract of employment. In the event of employment I understand that false or misleading information give on my application or interview may result in termination.

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

## References

Name _____	Phone# _____
Address _____	City _____ State _____ Zip _____
Name _____	Phone# _____
Address _____	City _____ State _____ Zip _____
Name _____	Phone# _____
Address _____	City _____ State _____ Zip _____