

Application for Employment



Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.

Position(s) applied for _____ Date of application _____

Name _____
Last First Middle

Address _____
Street City State Zip Code

Telephone # _____ Mobile/Beeper/Other # _____ E-mail Address _____

Referral Source (How did you hear about us?) _____

If you are under 18, and it is required, can you furnish a work permit? Yes No

If **no**, please explain _____

Have you ever been employed here before? If **yes**, give dates and positions _____ Yes No

Are you legally eligible for employment in this country? Yes No

Date available for work _____ What is your desired salary range? \$ _____

Type of employment desired Full-Time Part-Time Temporary Seasonal Educational Co-Op

Employment History

Starting with your most recent employer, provide the following information.

Employer	Telephone #	Dates employed: Month / Year to Month / Year
Street address	City State	Compensation (Starting): <input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ _____ per Commission/Bonus/Other Compensation \$ _____
Starting job title/final job title		Compensation (Final): <input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ _____ per Commission/Bonus/Other Compensation \$ _____
Immediate supervisor and title (for most recent position held)	May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	
Why did you leave?		
Summarize the type of work performed and job responsibilities.		
What did you like most about your position?		
What were the things you liked least about the position?		

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Skills and Qualifications

Summarize any special training, skills, licenses and/or certificates that may assist you in performing the position for which you are applying.

Computer Skills (Check appropriate boxes. Include software titles and years of experience.)

Word Processing _____ Years: _____ E-mail _____ Years: _____
 Spreadsheet _____ Years: _____ Internet _____ Years: _____
 Presentation _____ Years: _____ Other _____ Years: _____

Educational Background

Starting with your most recent school attended, provide the following information.

School (include City & State)	Years Completed	Completed	GPA (if applicable)	Major/Minor
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree <input type="checkbox"/> Certification <input type="checkbox"/> Other		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree <input type="checkbox"/> Certification <input type="checkbox"/> Other		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree <input type="checkbox"/> Certification <input type="checkbox"/> Other		

References

List name and telephone number of three business/work references who are *not* related to you and are *not* previous supervisors.
 If not applicable, list three school or personal references who are *not* related to you.

Name	Title	Relationship to You	Telephone	Number of Years Known

Applicant Statement

I certify that all information I have provided in order to apply for and secure work with this employer is true, complete and correct.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that this employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect will be sufficient cause to (i) eliminate me from further consideration for employment or (ii) may result in my immediate discharge from the employer's service, whenever it is discovered.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant _____ Date _____ / _____ / _____



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 Application for Employment (Short Form) #R4-A0027



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Amigo's Foods
Fax to 847-245-3502

CONSENT FOR RELEASE OF INFORMATION

Please fill in the following information for background identification purposes:

NAME: (Please print as it appears on your driver's license or I.D. Card):

FIRST	MIDDLE	LAST	MAIDEN
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Indicate any other names you may have used not listed on your employment application or resume (other married names, nicknames, etc.) Please print:

List all addresses you have resided at within the past TEN years:
PRESENT:

Street Number	Street Name	Apt #	City	State	Zip

Driver's License Number: _____ Issuing State: _____

Social Security Number: _____ Date of Birth: _____

Have you ever been convicted of ANY criminal offense (felony or misdemeanor)? If so explain on a separate sheet of paper and attach to this form: _____ YES _____ NO.

I am a citizen of (name country): _____

I certify that I have reviewed the foregoing information supplied by me and that it is true and correct to the best of my knowledge. In accordance with the Privacy Act, Freedom of Information Act, and the Fair credit Reporting Act, I authorize the background company and any person associated with any educational institution, past or present employer, any law enforcement, court, driving records, or credit reporting agency to RELEASE this information to the background agency for the purpose of being considered for employment. RELEASE the background company and all persons from liability as a result of furnishing the foregoing information. I also authorize that a copy of the RELEASE be as valid as an original.

Signature: _____ Date: _____