



# APPLICATION FOR EMPLOYMENT

7580 S Quincy St., Willowbrook, IL 60527

Phone: 630.568.3254



**Instructions:** Complete all necessary information. Be sure to sign and date the application. Be sure to complete both sides. **Please Print**

Name: \_\_\_\_\_  
(FIRST) (MIDDLE) (LAST)

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ EMAIL: \_\_\_\_\_

Position applied for: \_\_\_\_\_

Special training or skills: (language, machine operations, etc) that would be a benefit in the job which you are applying: \_\_\_\_\_

Would you accept full-time work? Yes \_\_\_ No \_\_\_      Would you accept part-time work? Yes \_\_\_ No \_\_\_

On what date would you be available to work? \_\_\_\_\_

Desired Hourly wage: \_\_\_\_\_

Ideal number of hours you would like to work per week: \_\_\_\_\_

Can you work any day of the week? Yes \_\_\_ No \_\_\_

Do you also expect to work elsewhere? Yes \_\_\_ No \_\_\_

Have you ever been employed here before? Yes \_\_\_ No \_\_\_ Dates: \_\_\_\_\_

After employment, can you submit proof of identity and legal right to work in the U.S.? Yes \_\_\_ No \_\_\_

Are you of legal age to work? Yes \_\_\_ No \_\_\_

Have you ever had a security clearance? Yes \_\_\_ No \_\_\_

List names of any relatives or acquaintances ever employed by this organization: \_\_\_\_\_

\_\_\_\_\_

## EDUCATION

### Grammar School

Name and Location: \_\_\_\_\_ Did you graduate? Yes \_\_\_ No \_\_\_

### High School

Name and Location: \_\_\_\_\_ Did you graduate? Yes \_\_\_ No \_\_\_

### College

Name and Location: \_\_\_\_\_ Did you graduate? Yes \_\_\_ No \_\_\_  
Course of Study \_\_\_\_\_ Degree or Diploma \_\_\_\_\_

### Vocational Training - Other

Name and Location: \_\_\_\_\_ Did you graduate? Yes \_\_\_ No \_\_\_  
Course of Study \_\_\_\_\_ Expiration of License of Certificate \_\_\_\_\_

Continuing Education: \_\_\_\_\_

## HEALTH

### Person to notify in case of an emergency:

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

## PREVIOUS EMPLOYERS AND ADDRESSES

1. Company Name \_\_\_\_\_  
Contact Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_  
Employed From \_\_\_\_\_ to \_\_\_\_\_ Position \_\_\_\_\_  
Starting wage \_\_\_\_\_ Last Wage \_\_\_\_\_ Reason for leaving \_\_\_\_\_  
May we contact this employer? Yes \_\_\_ No \_\_\_
2. Company Name \_\_\_\_\_  
Contact Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_  
Employed From \_\_\_\_\_ to \_\_\_\_\_ Position \_\_\_\_\_  
Starting wage \_\_\_\_\_ Last Wage \_\_\_\_\_ Reason for leaving \_\_\_\_\_  
May we contact this employer? Yes \_\_\_ No \_\_\_
3. Company Name \_\_\_\_\_  
Contact Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_  
Employed From \_\_\_\_\_ to \_\_\_\_\_ Position \_\_\_\_\_  
Starting wage \_\_\_\_\_ Last Wage \_\_\_\_\_ Reason for leaving \_\_\_\_\_  
May we contact this employer? Yes \_\_\_ No \_\_\_
4. Company Name \_\_\_\_\_  
Contact Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_  
Employed From \_\_\_\_\_ to \_\_\_\_\_ Position \_\_\_\_\_  
Starting wage \_\_\_\_\_ Last Wage \_\_\_\_\_ Reason for leaving \_\_\_\_\_  
May we contact this employer? Yes \_\_\_ No \_\_\_

**REFERENCES**

List three references (NOT a relative or former employer) that you have known for at least five years.

- 1. Name \_\_\_\_\_ Occupation \_\_\_\_\_  
Address \_\_\_\_\_
- 2. Name \_\_\_\_\_ Occupation \_\_\_\_\_  
Address \_\_\_\_\_
- 3. Name \_\_\_\_\_ Occupation \_\_\_\_\_  
Address \_\_\_\_\_

**Availability**

Monday 9:00am - 12:00pm Yes\_\_\_ No\_\_\_  
 2:00pm - 4:00pm Yes\_\_\_ No\_\_\_  
 Tuesday 9:00am - 12:00pm Yes\_\_\_ No\_\_\_  
 2:00pm - 4:00pm Yes\_\_\_ No\_\_\_  
 Wednesday 9:00am - 12:00pm Yes\_\_\_ No\_\_\_  
 2:00pm - 4:00pm Yes\_\_\_ No\_\_\_  
 Thursday 9:00am - 12:00pm Yes\_\_\_ No\_\_\_  
 2:00pm - 4:00pm Yes\_\_\_ No\_\_\_  
 Friday 9:00am - 12:00pm Yes\_\_\_ No\_\_\_  
 2:00pm - 4:00pm Yes\_\_\_ No\_\_\_  
 Saturday 8:45am - 1:00pm Yes\_\_\_ No\_\_\_  
 Sunday 8:45am - 1:00pm Yes\_\_\_ No\_\_\_

Monday 3:45pm - 6:30pm Yes\_\_\_ No\_\_\_  
 Tuesday 3:45pm - 6:30pm Yes\_\_\_ No\_\_\_  
 Wednesday 3:45pm - 6:30pm Yes\_\_\_ No\_\_\_  
 Thursday 3:45pm - 6:30pm Yes\_\_\_ No\_\_\_  
 Friday 3:45pm - 6pm Yes\_\_\_ No\_\_\_

**AGREEMENT**

I authorize investigation of statements contained in this application form if I am considered for employment. I also authorize previous employers, personal references named, or any other persons to whom the company may refer, to give any and all information regarding my employment or scholastic standing together with any other information, personal, or otherwise, that may or may not be on the records.

I certify that all the information submitted by me on this application is true and complete. I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected and if I am employed, my employment may be terminated at any time. Receipt of unsatisfactory references or failure to pass a prescribed physical examination will be sufficient cause for dismissal from the company's service if I shall have been employed.

I further understand if I shall be employed, I will serve a probationary or an orientation and adjustment period which, if successfully completed, will change my status to regular employee. This probationary period shall last for 2 months. Either of us may terminate our work relationship during this probationary or orientation and adjustment period if it is felt I will not meet job demands or show an inability to adapt myself to the requirements and duties or my employment.

In consideration of my employment, I agree to conform to Superior Training's rules and regulations, and I agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at either may or Superior Training's option. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause and with and without notice, at any time by Superior Training.

I also understand that any job I am offered will not be set for any set for any set period of time. My employment may be terminated at any time for my own free will or the will of my employer. I further understand that this policy cannot be changed except in writing and then only when signed by an authorized representative of the employer.

**Applicant's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_



