

208 S Williams St.
Murphysboro IL 62966
(618) 687-1702



1306 North Market St
Sparta IL 62286
(618) 443-5335

APPLICATION FOR EMPLOYMENT

All statements made by applicants for employment on this application form will be carefully checked for accuracy. The use of this form does not mean there are positions open nor does it obligate us in any way. This application will remain on active file for a period of 90 days from date of application.

INSTRUCTIONS: Please PRINT LEGIBLY and complete in full.

TO THE APPLICANT

Are you 18 years old or over? No Yes (Employment is subject to verification that you are of minimum legal age.)

Are you a United States Citizen? No Yes If not a citizen of the U.S., can you provide proof that you can legally be employed in the United States? No Yes

What languages can you read, speak and write fluently? _____

IN CASE OF EMERGENCY NOTIFY

Name _____ Relationship _____

Address _____ Phone () _____

Street City State

CERTIFICATION

I agree to undergo a background investigation at Company expense.

Further, I hereby release my former employers and other character from all liability or damages on account of having furnished information regarding my personal character, habits, work record, etc. I agree to take drug examinations and other examinations for pre-employment as well as during the course of my employment. I understand the examinations will be at the expense of the Company, and that they are a condition of employment. I understand and agree that my initial employment with this company shall be probationary. I further understand that employment during the probationary period is in no way a guarantee of employment relationship is at will and may be terminated by either party at any time.

If accepted for employment, I hereby agree to abide by all rules and policies of the company explained in the Employee Handbook and its amendments from time to time, and to wear personal protective equipment required for the occupation in which I am engaged. I agree to provide additional medical information which may be required or to take a medical or any other type of examination (at the expense of the Company) necessary to qualify or retain employment with the Company.

I fully understand that if I fail to answer, falsify the answer, or enter misleading answers to any question or fail to provide information which might make any of my answers on the application misleading, that this alone may result in a refusal to hire or in my termination if I am hired and I hereby agree that the Company shall not be liable in any respect if my employment is terminated or if I am not hired for this reason.

I HEREBY ACKNOWLEDGE that I have read and fully understand the above certification.

Date _____ Signature of Applicant _____

In the remaining space, briefly explain why you desire to work for us and why you would make a good employee:

TO BE COMPLETED BY HIRING MANAGER/SUPERVISOR

DO NOT WRITE BELOW THIS LINE

Interviewed by: _____ Date _____

Comments: _____

Effective Date _____ Job Title _____ Rehire No Yes

Full-Time Part-Time Part-Time Student

Rate _____

Approved by _____

PERSONAL

Date _____

Name _____ Social Security No. _____

Last First Middle

Present Address _____

No. Street (Apt. No., Bldg. No.) City State Zip

How long have you lived at this address? _____ Telephone No. (Home) (_____) _____

(Cell) (_____) _____

Date of birth _____ Place of birth _____

Job applied for _____ Rate of pay desired \$ _____ per _____

Full Time Part-Time Part-Time Student

Are you physically capable of heavy manual labor? _____

Have you worked for us before? No Yes If yes, when and where? _____

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

If hired, on what date will you be able to start work? _____

If part-time, what hours and days of the week would you be available for work? _____

List any friends or relatives working for us _____

Have you had a non-job or job related injury which has left you with a condition which might interfere with your ability to do the job applied for?

No Yes (explain) _____

Do you have ANY physical limitations and/or medical condition(s) which would affect your ability to perform the job(s) applied for?

Have you ever been discharged or asked to resign? No Yes If yes, explain in full _____

Has there ever been shortages or misunderstandings about merchandise or funds at a place of employment which involved you?

No Yes If yes, explain in full _____

MILITARY SERVICE

Are you or have you ever been in the U.S. Armed Forces? No Yes If yes, what branch? _____

Dates of duty From _____ To _____

Rank at discharge _____

List duties in the service including special training _____

EDUCATION

Circle highest grade completed 5 6 7 8 9 10 11 12

COLLEGE 1 2 3 4 5 6

High School _____

Name _____

Address _____

City _____ State _____

Last year attended _____ Graduated? No Yes

Grades Above average Average Below average

If NOT a high school graduate, do you have an equivalency _____

Diploma? No Yes

What special vocational or business courses have you taken? _____

JOB KNOWLEDGE ABILITIES

Indicate below job skills you've acquired and equipment you can operate. Include time spent in each area.

Skills	How Much Time	Equipment	How Much Time	Equipment	How Much Time	Skills	How Much Time	Equipment	How Much Time
Mechanical <input type="checkbox"/>		Truck Driver		Calculator		Customer Service <input type="checkbox"/>		Truck Driver	
Electrical <input type="checkbox"/>		Van		Drill Press <input type="checkbox"/>		Dispatching <input type="checkbox"/>		Boom	
Building Construction <input type="checkbox"/>		Flatbed <input type="checkbox"/>		Arc Welder <input type="checkbox"/>		Truck Maint. <input type="checkbox"/>		Radial Arm Saw <input type="checkbox"/>	
Pumbing <input type="checkbox"/>		Fortlift <input type="checkbox"/>		Drill Press <input type="checkbox"/>		Security <input type="checkbox"/>		Other <input type="checkbox"/>	
Hardware <input type="checkbox"/>		Cash Register <input type="checkbox"/>		Arm Saw <input type="checkbox"/>		Drafting <input type="checkbox"/>		Component Saws <input type="checkbox"/>	
Cabinets <input type="checkbox"/>		Computer <input type="checkbox"/>		Other <input type="checkbox"/>		Blueprint <input type="checkbox"/>			
Millwork <input type="checkbox"/>		Word Processing <input type="checkbox"/>				Reading <input type="checkbox"/>			
Lumber <input type="checkbox"/>						Bookkeeping <input type="checkbox"/>			
Building Supplies <input type="checkbox"/>						Other <input type="checkbox"/>			
Sales <input type="checkbox"/>									

Do you have a valid Driver's License? No Yes Driver's License Number _____

Do you have a valid CDL License? No Yes

PRIOR WORK HISTORY

List in order, most current employer first. (Employment record should include last 10 years. If a student or been retired within the past 10 years, please indicate.)

From	To	Dates	Complete Name, Address and Telephone No. of Employer	Rate of Pay	Start	Finish	Supervisor's Name & Title	Reason for Leaving

Describe in detail the work you did _____

PRIOR WORK HISTORY (CONTINUED)

From	To	Dates	Complete Name, Address and Telephone No. of Employer	Rate of Pay	Start	Finish	Supervisor's Name & Title	Reason for Leaving

Describe in detail the work you did _____

From	To	Dates	Complete Name, Address and Telephone No. of Employer	Rate of Pay	Start	Finish	Supervisor's Name & Title	Reason for Leaving

Describe in detail the work you did _____

CHARACTER REFERENCES

Do not refer to mere acquaintances, previous employers or relatives. Refer to three people whom you know well either personally or professionally.

1. NAME ADDRESS PHONE NO. OF YEARS KNOWN _____

2. _____

3. _____

Describe in detail the work you did _____

NOTE Use additional sheets if necessary. May we contact the employers listed above? No Yes If not, indicate below which one(s) you do not wish us to contact and why _____

CHARACTER REFERENCES

Do not refer to mere acquaintances, previous employers or relatives. Refer to three people whom you know well either personally or professionally.

1. NAME ADDRESS PHONE NO. OF YEARS KNOWN _____

2. _____

3. _____