

# Application For Employment

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital status, sexual orientation, or any other legally protected status.

**Proof of citizenship or immigration status will be required upon employment.**  
 <<< *Submitting false or misleading information may be cause for termination, if hired.* >>>

(PLEASE PRINT)

Last Name		First Name		Middle Name	
Address	Number	Street	City	State	Zip Code
Phone Number(s)		Email Address		Social Security Number	

Position(s) Applying For	Date of Application
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How Did You Learn About Us?

- Advertisement     
  Friend or Relative... Who? \_\_\_\_\_  
 Employment Agency   
  Walk-in                     
  Other \_\_\_\_\_

Are You Related to Anyone at Among Friends?  No  Yes... Who? \_\_\_\_\_

If you are under 18 years of age, can you provide required proof of your eligibility to work?  Yes  No

Have you ever filed an application with us before?  Yes  No  
 If Yes, give date \_\_\_\_\_

Have you ever been employed with us before?  Yes  No  
 If Yes, give date \_\_\_\_\_

Are you currently employed?  Yes  No

May we contact your present employer?  Yes  No

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

Are you available to work:  Full Time  Part Time  Shift Work  Temporary

Are you currently on "layoff" status and subject to recall?  Yes  No

Have you ever been convicted of a felony anywhere in the USA?  Yes  No

If Yes, please explain \_\_\_\_\_

If Yes, do you have a Waiver from the State of Illinois?  Yes  No

EQUAL OPPORTUNITY EMPLOYER

# Additional Information

## Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

## SPECIALIZED SKILLS

Please check all that apply:

<b>Current Certificates/Skills:</b>	<b>Other (List):</b>
<input type="checkbox"/> <b>CPR Certification</b> Expires: _____	_____ _____ _____
<input type="checkbox"/> <b>Food Sanitation Mgr. Cert.</b> Expires: _____	
<input type="checkbox"/> <b>First Aid Certification</b> Expires: _____	
<input type="checkbox"/> <b>CNA Certification</b> Expires: _____	<input type="checkbox"/> <b>CDL Driver's License</b> Expires: _____
<input type="checkbox"/> <b>Computer Skills</b>	_____

**State any additional information you feel may be helpful to us in considering your application.**


**Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.**

Are you capable of performing, in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied?
 
 Yes     No

Initials: \_\_\_\_\_

## References

Name:	Name:	Name:
Relationship:	Relationship:	Relationship:
Phone and/or Email:	Phone and/or Email:	Phone and/or Email:

# Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status. If you need additional space, please continue on a separate sheet of paper.

<b>Employer</b>	<u>Dates Employed</u> From                      To	<b>Work Performed</b>
Address		
Telephone Number(s)	<u>Hourly Rate/Salary</u> Starting                      Final	
Job Title                      Supervisor		
Reason For Leaving		
<b>Employer</b>	<u>Dates Employed</u> From                      To	<b>Work Performed</b>
Address		
Telephone Number(s)	<u>Hourly Rate/Salary</u> Starting                      Final	
Job Title                      Supervisor		
Reason For Leaving		
<b>Employer</b>	<u>Dates Employed</u> From                      To	<b>Work Performed</b>
Address		
Telephone Number(s)	<u>Hourly Rate/Salary</u> Starting                      Final	
Job Title                      Supervisor		
Reason For Leaving		
<b>Employer</b>	<u>Dates Employed</u> From                      To	<b>Work Performed</b>
Address		
Telephone Number(s)	<u>Hourly Rate/Salary</u> Starting                      Final	
Job Title                      Supervisor		
Reason For Leaving		

List professional, trade, business or civic activities and offices held. You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability, or other protected status.


# Education

	Name and Address of School	Course of Study	Years Completed	Diploma or Type of Degree Achieved
<b>High School</b>				
<b>Undergraduate College</b>				
<b>Graduate Professional</b>				
<b>Other (Specify)</b>				

**Indicate any foreign languages you can speak, read and/or write.**

	FLUENT	GOOD	FAIR
<b>SPEAK</b>			
<b>READ</b>			
<b>WRITE</b>			

<b>Describe any specialized training, apprenticeship, skills and extracurricular activities.</b>

<b>Describe any job-related training received in the United States Military.</b>