

# APPLICATION FOR EMPLOYMENT

THE ALLENDALE ASSOCIATION  
P.O. Box 1088  
Lake Villa, IL 60046-1088  
(847) 356-2351



PLEASE PRINT

POSITION(S) APPLIED FOR \_\_\_\_\_ DATE OF APPLICATION \_\_\_\_\_

REFERRAL SOURCE  ADVERTISEMENT  EMPLOYEE  RELATIVE  WALK-IN  
 EMPLOYMENT AGENCY  OTHER  
NAME OF SOURCE (IF APPLICABLE) \_\_\_\_\_

NAME: \_\_\_\_\_  
LAST FIRST MIDDLE

ADDRESS: \_\_\_\_\_  
STREET CITY STATE ZIP CODE

TELEPHONE NUMBER: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ SOCIAL SECURITY NUMBER: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

If necessary, best time to call you at home is \_\_\_\_\_

May we contact you at work? \_\_\_\_\_  YES  NO

If yes, work number and best time to call \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
AREA CODE TIME

If you are under 18, can you furnish a work permit? \_\_\_\_\_  YES  NO

Have you ever filed an application here before? \_\_\_\_\_  YES  NO

If yes, give date \_\_\_\_\_

Have you ever been employed here before? \_\_\_\_\_  YES  NO

If yes, give dates \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_

Are you legally eligible for employment in this country? \_\_\_\_\_  YES  NO  
(Proof of identity and legal work authorization will be required upon employment.)

Date available for work \_\_\_\_\_

Type of employment desired: \_\_\_\_\_  Full-Time  Part-Time  Temporary  Internship

Are you on a lay-off and subject to recall? \_\_\_\_\_  YES  NO

Would you travel if job requires it? \_\_\_\_\_  YES  NO

Are there any restrictions on the days or hours that you are available to work? \_\_\_\_\_  YES  NO

Will you work overtime if required? \_\_\_\_\_  YES  NO

Will you undergo a post-offer, pre-employment physical? \_\_\_\_\_  YES  NO

*"Under Illinois Law, for certain positions we are mandated to do a criminal background check. Passing it will be required for those positions before a final job offer."*

Driver's License: \_\_\_\_\_ Number \_\_\_\_\_ State \_\_\_\_\_

**AN EQUAL OPPORTUNITY EMPLOYER**

## EMPLOYMENT HISTORY

List your last four (4) employers, assignments or volunteer activities, starting with most recent, including military experience. Explain any gaps in employment in comments section below.

EMPLOYER	TELEPHONE (      )      -	DATES EMPLOYED		Summarize the nature of the work performed and responsibilities.
ADDRESS		FROM	TO	
JOB TITLE		HOURLY RATE/SALARY		
IMMEDIATE SUPERVISOR AND TITLE		STARTING		
		\$	PER	
REASON FOR LEAVING		HOURLY RATE/SALARY		
		FINAL		
		\$	PER	
MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER				
EMPLOYER	TELEPHONE (      )      -	DATES EMPLOYED		Summarize the nature of the work performed and responsibilities.
ADDRESS		FROM	TO	
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IMMEDIATE SUPERVISOR AND TITLE		STARTING		
		\$	PER	
REASON FOR LEAVING		HOURLY RATE/SALARY		
		FINAL		
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		FINAL		
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		\$	PER	
REASON FOR LEAVING		HOURLY RATE/SALARY		
		FINAL		
		\$	PER	
MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER				

**COMMENTS** (including explanation of any gaps in employment; attach additional sheets if necessary).

**SKILLS AND QUALIFICATIONS** (Summarize special skills and qualifications acquired from employment or other experiences that may qualify for work with our company.)

## EDUCATIONAL BACKGROUND

A. List last three (3) schools attended, *starting with last one*. B. List number of years completed. C. major and minor field of study (if applicable). D. Indicate degree or diploma earned, if any.

A. SCHOOL	B. NUMBER OF YEARS COMPLETED	C. MAJOR	D. DEGREE/DIPLOMA	E. WERE YOU AWARDED A DEGREE/DIPLOMA?

## REFERENCES

List name and telephone number of three (3) business/work references who are *not* related to you and are *not* previous supervisors. If not applicable, list three (3) school or personal references who are not related to you.

NAME	ADDRESS	RELATIONSHIP	TELEPHONE NUMBER	YEARS KNOWN

List Licenses and/or Certifications that may qualify you as being able to perform job-related functions in the position for which you are applying.

LICENSES/CERTIFICATIONS	EXPIRATION/RENEWAL DATE

List special accomplishments, publications, awards. (Exclude information which would reveal sex, race, religion, national origin, age, ancestry, handicap or other protested status.)

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List any additional information you would like us to consider.

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It is understood and agreed that a misrepresentation by me in this application will be sufficient cause for cancellation of the application and/or separation from the employer's service if I have been employed. Furthermore, I understand that just as I am free to resign at any time, the Employer reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no representative of the Employer has the authority to make any assurances to the contrary. This application does not constitute an agreement or contract for employment for any specified period or definite duration.

I give the Employer the right to investigate all references and to secure additional information about me, if job related to verify the accuracy of the information contained in the application, resume and/or other information submitted by me for the Employer's consideration. I hereby release from liability the Employer and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

The Employer is an equal opportunity employer. The Employer does not discriminate in employment and no question on this application is used for the purpose of limiting or excluding any applicant's consideration for employment on a basis prohibited by local, state or federal law.

I represent and warrant that I have read and fully understand the foregoing and seek employment under these conditions.

Signature of Applicant \_\_\_\_\_ Date 

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**THE ALLENDALE ASSOCIATION**

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**Voluntary Self-Identification  
Affirmative Action Program Applicant Information Form**

The Allendale Association is an Equal Opportunity Employer. As required by law, we must record certain information to be made a part of our Affirmative Action Program.

Applicants for employment are also invited to participate in the Affirmative Action Program by reporting their status as a disabled veteran, veteran of the Vietnam era or other minority. In extending this invitation you are also advised that: (a) workers (applicants) are under no obligation to respond, but may do so in the future if they choose; (b) responses will remain confidential within the Human Resources Department; and (c) responses will be used only for the necessary information to include in our Affirmative Action Program. We are a company that values diversity. We actively encourage women and minorities to apply. Refusal to provide this information will have no bearing on your application and will not subject you to any adverse treatment.

Please complete the information requested below. Thank you for your cooperation.

**Section 1: General Applicant Information**

<b>Name:</b>	<b>Date:</b>
<b>Position Applied For:</b>	

**Section 2: Please check (4) all that apply (See next page for definitions)**

Race or Ethnic Identity	Gender	** Veteran Status
<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Male	<input type="checkbox"/> Vietnam Era Veteran
<input type="checkbox"/> White (not Hispanic or Latino)	<input type="checkbox"/> Female	<input type="checkbox"/> Special Disabled Veteran
<input type="checkbox"/> Black or African American (not Hispanic or Latino)		<input type="checkbox"/> Other Eligible Veteran
<input type="checkbox"/> Native Hawaiian or Pacific Islander (not Hispanic or Latino)		
<input type="checkbox"/> Asian (not Hispanic or Latino)		
<input type="checkbox"/> American Indian or Alaskan Native (not Hispanic or Latino)		
<input type="checkbox"/> Two or More Races (not Hispanic or Latino)		
<input type="checkbox"/> I do not wish to Self-Identify <b>Signature:</b> _____		
<b>How did you hear of our opening?</b>		
<input type="checkbox"/> Current Employee <input type="checkbox"/> Newspaper Ad <input type="checkbox"/> Recruiter <input type="checkbox"/> Other - Explain Below:		
<b>For Human Resources Use Only:</b>	<b>Requisition #</b>	<b>Job Group</b>

## ***EEOC RACE/ETHNIC IDENTIFICATION CATEGORIES***

### ***Hispanic or Latino***

A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

### ***White (Not Hispanic or Latino)***

A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

### ***Black or African American (Not Hispanic or Latino)***

A person having origins in any of the black racial groups of Africa.

### ***Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)***

A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

### ***Asian (Not Hispanic or Latino)***

A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

### ***American Indian or Alaska Native (Not Hispanic or Latino)***

A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.

### ***Two or More Races (Not Hispanic or Latino)***

All persons who identify with more than one of the above five races.

### ***Special Disabled Veteran***

Defined as a veteran who is entitled to disability compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Veterans Administration for a disability (I) rated at 30% or more, or (ii) rated at 10 or 20% in the case of a veteran who has been determined under Section 1506 to have a serious employment disability, or a person who was discharged from active duty because of a service-connected disability.

### ***Veteran of the Vietnam Era***

Defined as a veteran who (a) served on active duty in the Republic of Vietnam between February 28, 1961 and May 7, 1975, or (b) served on active duty for a period of more than 180 days, any part of which occurred between August 5, 1964 and May 7, 1975, and was discharged or released there from with other than a dishonorable discharge, or (c) was discharged or released from active duty for a service-connected disability if any part of his or her active duty was performed between August 5, 1964 and May 7, 1975.

### ***Other Eligible Veteran***

Defined as any veteran who served in a "war" declared by Congress, in a campaign or on an expedition for which a campaign badge, a service medal, or an expeditionary medal has been awarded.