

Application for Employment



Please Print

Position(s) Applied For: _____	Date of Application: _____
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How Did you Learn About Us?

<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend/Relative	<input type="checkbox"/> Inquiry
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Online	<input type="checkbox"/> Other _____

Last Name	First Name	Middle Name
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Address	City	State	Zip Code
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Telephone Number(s): _____	Best time to contact you: _____ AM/PM
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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? If Yes, give date: _____ Yes No

Have you ever been employed with us before? If Yes, give date: _____ Yes No

Do any of your friends or relatives work here?..... Yes No

Are you currently employed?..... Yes No

May we contact your present employer?..... Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Proof of citizenship or immigration status will be required upon employment. Yes No

Date available for work: ___/___/___ What is your desired salary range? _____

Are you available to work: Full Time (please indicate 1st 2nd shift)
 Part Time (please indicate Mornings Afternoons)
 Temporary (please indicate dates available: ___/___/___ - ___/___/___)

Are you currently on "lay-off" status and subject to recall?..... Yes No

Can you travel if a job requires it?..... Yes No

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

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, disability, or other protected status. Please use an additional sheet of paper if you need more space.

Employer	Dates Employed - From: To:
Address	Work Performed:
Telephone Number(s)	
Job Title	
Supervisor	
Reason for Leaving	

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Additional Information

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

Specialized Skills: Check skills/equipment operated.

- Computer Keyboard Calculator Fax Internet
 Email Microsoft: Word Excel Access Powerpoint
 Other (please list): _____

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.

Can you perform the essential functions of the job, for which you are applying, either with or without a reasonable accommodation? Yes No

References:

1.

Name

Phone Number

Address

2.

Name

Phone Number

Address

3.

Name

Phone Number

Address

Applicant's Statement

I certify that the answers given in this application are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is "at will" in nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Employer.

Signature of Applicant

Date

We consider applications for all positions without regard to race, color, religion, creed, sex, national origin, disability, sexual orientation, citizenship status or any other legally protected status. EOE/M/F/Dis/Vet

**MAIL COMPLETED APPLICATION TO: HUMAN RESOURCES, UNION Savings BANK,
PO BOX 540, FREEPORT, IL 61032**