# EMPLOYMENT APPLICATION

Our firm does not discriminate in its hiring practices. All persons, without regard to race, religion, color, national origin, sex, age, physical or mental disability, order of protection status, marital status, military status, sexual orientation, pregnancy, or unfavorable military discharge, will be given equal consideration.

Should you need reasonable accommodation when completing the application form or during the selection process, contact the Human Resources Department or other designated company representative. Today's Date \_\_\_ Please save this fillable employment application to your computer before completing. Upon completion of this form, please submit along with your resume. If you prefer, print and send to: **UPLOAD EMAIL PRINT** Oates Associates, Inc. 100 Lanter Court, Suite 1 Collinsville, IL 62234 **GENERAL INFORMATION** Name \_ Last Middle Initial Present Address City Zip Code Street State Home Telephone Number Cell Number Are you 18 years or older? Are you legally authorized to work in the United States? Proof of eligibility documentation must be provided at time of hire as required by law. **EMPLOYMENT DESIRED** Position Applying For \_\_\_ Do you want to work: Full-time Part-time Temporary Specify days and hours available, if part-time \_\_\_\_\_\_ Date available to start work \_\_\_\_\_\_ Salary expectations \_\_\_\_\_ Have you applied for employment with us within the last 12 months? Have you ever worked for us before?

> O A T E S ASSOCIATES

(Please provide your name of record at that time, job title and dates of employment)

# **EDUCATION**

List education if it is related to the job for which you are applying.

	High School	Technical College	College	Graduate School
School Name and Location				
Years Completed				
Did You Graduate?	Yes No	Yes No	Yes No	Yes No
Diploma/Degree/Certification/Date				
SPECIAL SKILLS / ADDIT	IONAL TRAINI	NG		
Please describe any special job-relate experiences, etc. Do not include experigin, marital status, Vietnam-era ve membership or activity in a local com	eriences which would i teran status, special d	ndicate race, color, creed, r isabled veteran status, stat	eligion, sex, sexual	orientation, national
MISCELLANEOUS				
Has your employment with any empl	oyer ever been involu	ntarily terminated?		Yes No
If yes, please identify the employer, o	late of termination and	d reason for termination:		



## **EMPLOYMENT HISTORY**

Please start with your present or most recent position.

### **Previous Employment**

Name of Employer:	Address:	
Telephone Number:	Position:	
Dates Employed (From/To):	Name and Title of Supervisor:	
Reason for leaving:		
Brief description of your work and responsibilit	ies:	
May we contact this employer:		Yes No
Previous Employment		
Name of Employer:	Address:	
Telephone Number:	Position:	
Dates Employed (From/To):	Name and Title of Supervisor:	
Reason for leaving:	I	
Brief description of your work and responsibilit		
May we contact this employer:	Γ	Yes No



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Reason for leaving:		
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May we contact this employer:		Yes No
Previous Employment		
Name of Employer:	Address:	
Telephone Number:	Position:	
Dates Employed (From/To):	Name and Title of Supervisor:	
Reason for leaving:	I	
Brief description of your work and responsibilit		
May we contact this employer:	Γ	Yes No



#### **REFERENCES**

Please provide the names of three business references who are not related to you. If you do not have any employment-related references, please list individuals who can comment on your work skills.

Name	Phone Number	Address	Years Known and In What Capacity

#### **SIGNATURE**

APPLICANT: Please read the following carefully before signing this application.

- I certify the information given by me is true in all respects.
- I understand that the misrepresentation or omission of facts on this application, on my resume or during any stage of the hiring process will eliminate me from further consideration or if discovered after hire may result in the termination of my employment.
- I understand that the information contained in this employment application or my being invited to participate in any stage of the hiring process is NOT intended to create an employment contract between this Company and myself. If an employment relationship is established, I understand that I have the right to terminate my employment at any time, for any reason or no reason, with or without notice, and this Company has the right to terminate my employment at any time, for any reason or no reason, with or without notice. This Company's policies and procedures, including employment at-will, cannot be modified in any way without express written intent to do so by the President of this organization.
- I understand that an offer of employment is contingent on my providing sufficient documentation necessary to establish my identity and eligibility to work in the United States.
- I understand a criminal background check may be required of any applicant who is selected for an interview or to whom a conditional offer of employment is made.
- Unless otherwise noted above, I authorize this Company and its representatives to contact my prior employers, former supervisors and company personnel, schools and all others for the purpose of verifying the information I have supplied during the selection process and for obtaining job-related information regarding my knowledge, skills, abilities, performance of duties and compliance with policies. I authorize my prior employers to provide this Company any job-related information, personal or otherwise, they may have regarding me and I release this Company and them from any liability resulting from the release of this information. I further authorize all employers, schools and other persons to provide any information or transcripts that may be requested by this Company which will be used to determine if I am qualified to perform the job duties for which I am applying.
- I understand that all Company property must be returned and any indebtedness to the Company must be paid on or before my last day of work. I authorize the Company to deduct from my final paycheck an amount necessary to satisfy any unpaid obligation.

By signing below, I acknowledge that I have read, understand and agree with the above statements.		
Date	(Signature of Applicant)	

Please see the first page of this application for submittal instructions.

