

Application For Employment

22353 Old McHenry Road, Long Grove, Illinois 60084
847-634-3800 www.twinorchardcc.org



PLEASE PRINT CLEARLY

PERSONAL INFORMATION		
Name:	Date:	
Address:	Phone:	
City:	State: Zip:	Social Security #
Are you legally eligible to work in the United States?		
Have you ever been convicted of a felony? If Yes, for what?		
POSITION APPLYING FOR		
Title:	Salary Desired:	
Referred By:	Date Available:	
EDUCATION		
High School (Name, City, State):		
H. S. Diploma:	G.E.D. Other:	
Business or Technical School:		
Degree, Major:		
Undergraduate College:		
Degree, Major:		
Graduate School:		
Degree, Major:		
REFERENCES		
Give names, addresses and phone #'s of three persons not related to you, whom you have known for at least one year.		
Name:	Phone Number: ()	Years Acquainted:
Name:	Phone Number: ()	Years Acquainted:
Address:	Business:	
Name:	Phone Number: ()	Years Acquainted:
Address:	Business:	
Please describe any extracurricular activities, or volunteer work you feel may be helpful:		

EMPLOYMENT INFORMATION

PRESENT OR LAST EMPLOYER

Company Name: _____	Telephone: () _____
Address: _____ City: _____ State: _____ Zip: _____	Employed - (Month and year) From: _____ To: _____
Name of Supervisor: _____ Weekly Pay: _____	Starting: _____ Ending: _____
State Job Title: _____ Describe Your Duties: _____ _____	Reason for Leaving: _____
Company Name: _____	Telephone: () _____
Address: _____ City: _____ State: _____ Zip: _____	Employed - (Month and year) From: _____ To: _____
Name of Supervisor: _____ Weekly Pay: _____	Starting: _____ Ending: _____
State Job Title: _____ Describe Your Duties: _____ _____	Reason for Leaving: _____
Company Name: _____	Telephone: () _____
Address: _____ City: _____ State: _____ Zip: _____	Employed - (Month and year) From: _____ To: _____
Name of Supervisor: _____ Weekly Pay: _____	Starting: _____ Ending: _____
State Job Title: _____ Describe Your Duties: _____ _____	Reason for Leaving: _____

I certify that the facts contained in this application are true and complete to the best of my knowledge, and I understand that, if employed, falsified statements on this application may result in discharge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at employment decision. I understand that I am to abide by all rules and regulations of the company.

Signature

Date

Please come prepared. There is a good possibility you will speak to a Manager when you drop off the application.