Employment Interviewer Case Notes

Applicant Name:	
Applicant Name.	

Date:	Initial Interview:		
	Second Interview:		
	Third Interview:		
	Comments		

APPLICATION FOR EMPLOYMENT

(An Equal Employment Employer)

In all of our employment practices, including hiring, we are firmly committed to equal opportunity without regard to race, religion, color, sex, age, national origin, citizenship, disability or any other basis of discrimination prohibited by applicable local, state or federal law. Equal access to programs, services, and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.

Name:					
(Print) La	ist	First	Mic	ddle Initial	
Telephone No.:		S	ocial Security:		
Present Address:Street and	Numher		How long have you lived there	?	
		State	Zin Code		
Previous		<u>state</u>	How long have	?	
City		State	Zip Code		
Position Desired:		Part-Time Full-Tim	ne Today's Date:		
Salary Desired: Date You Can Start: Will you travel if the job requires it?					
Have you ever filed an applicatio	n or worked for this	s Company before? Yes No			
Are you legally eligible for employed How did you hear about us?					
Have you ever pled "guilty" or "no contest to, or been convicted of a felony? Yes No If Yes, please provide date(s): Note: Answering "Yes" to this question does not constitute an automatic bar to employment. Factors such as Age, Time of the offense, seriousness, nature of the violation, and rehabilitation will be taken into account					
EDUCATION School Name	Years	Type of Diploma, Degree,	Describe Course	Describe Specialized	
	Completed (Circle)	GED or Certification	Of Study or Major	Training, Experience	
High School:	9 10 11 12				
College/University:	1 2 3 4				
Other:					
Please indicate any actual experie	ence, special trainin	g and qualifications that you have which	1 you feel are relevant to the	position for which you	

RECORD OF PREVIOUS EMPLOYMENT

Please list the names of your present or previous employers in chronological order with present or last employer listed first for the last 5 years. Be sure to account for <u>all</u> periods of time including military service and any period of unemployment. If self-employed, give firm name and supply business references. (Add additional page if necessary)

	Employed	Your Title or Position	Exact Reason for Leaving
Present or Last Employer Address City, State, Zip Code Telephone	From (Mo / Yr) To (Mo / Yr)	Name & Title of Last Supervisor	
Proceed on Least Employees	Employed	Your Title or Position	Exact Reason for Leaving
Address City, State, Zip Code Telephone	From (Mo / Yr) To (Mo / Yr)	Name & Title of Last Supervisor	
	Employed	Your Title or Position	Exact Reason for Leaving
Address City, State, Zip Code	From (Mo / Yr) To (Mo / Yr)	Name & Title of Last Supervisor	
Telephone			

Please explain fully any gaps in your employment:	

${\bf INDICATE\ ANY\ FOREIGN\ LANGUAGES\ YOU\ CAN\ SPEAK,\ READ,\ AND/OR\ WRITE.}$

	Fluent	Good	Fair
Speak			
Read			
Write			

PERSONAL REFERENCES

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

Name	Occupation	Address (Street, City, State)	Telephone Number	Years Known

APPLICANT'S STATEMENT & AGREEMENT

I certify that all information I have provided in order to apply for and secure work with this employer is true, complete and accurate.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all reference (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that this employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant for employment on any basis prohibited by applicable local, state, or federal law.

I understand that this application remains current for only 180 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice, and the employer reserves the same right to terminate my employment at any time with or without prior notice, except as might be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (1) eliminate me from further consideration for employment, or (2) may result in my immediate discharge from the employer's service, whenever it is discovered.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEM I CERTIFY THAT I HAVE READ, FULLY UNDERSTAND AND ACCEPT ALL STATEMENT.	
SIGNATURE OF APPLICANT	DATE

Interviewer: Do not write any notes on this document.

Administrative Offices:

2424 Washington Street Suite 207 ◆Waukegan, Illinois 60085 ◆ PHONE: 847.249.4330 ◆ FAX: 847.625-6328 Mailing Address: P.O. Box 9059, Waukegan, IL 60079-9059

● Head Start ● Housing ● LIHEAP

Weatherization • Youth & Family Services