



☐ Newton, IL Location
☐ Odon, IN Location

| | | | |
|--|---------------------|-----------------|-------------------|
| Date Available for Work: | | Desired Salary: | |
| Personal Information | | | |
| Name (Last) | First | (Middle) | Date |
| Home Address | City | State | Zip |
| Home Telephone () | Cell Phone () | Email | |
| Are you Interested in (Circle all that apply) Full Time Part time Temporary Summer | | | SSN# |
| Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | Drivers License # |
| Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | Classification: |
| If selected for employment are you willing to submit to a pre-employment drug screening test? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | Endorsements: |

| | | | | | |
|------------------|-----------------------------|----------------|----------------------|---------------------|--|
| Education | | | | | |
| | Name and Location of School | | Degree/Area of Study | # of Years Attended | Graduated (Check One) |
| High School | Name | Address | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | City | State Zip | | | |
| College | Name | Address | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | City | State Zip | | | |
| Graduate School | Name | Address | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | City | State Zip | | | |
| Other | Name | Address | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | City | State Zip | | | |

Other training, certifications or licenses held outside of education: _____

| | | |
|------------------------------|--------------------------|---------------|
| U.S. Military Service | | |
| Branch of Service | Technical Specialization | Rank Attained |
| | | |

| Employment | | | |
|-----------------------------|--|--|-------------|
| Employer | | Dates Employed: | |
| Work Phone | | Pay Rate \$ | |
| Address: | | City: | State: Zip: |
| Position: | | Duties Performed: | |
| Supervisors Name and Title: | | May we contact them <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Reason for Leaving: | | | |

| | | | |
|-----------------------------|--|--|-------------|
| Employer | | Dates Employed: | |
| Work Phone | | Pay Rate \$ | |
| Address: | | City: | State: Zip: |
| Position: | | Duties Performed: | |
| Supervisors Name and Title: | | May we contact them <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Reason for Leaving: | | | |

| | | | |
|-----------------------------|--|--|-------------|
| Employer | | Dates Employed: | |
| Work Phone | | Pay Rate \$ | |
| Address: | | City: | State: Zip: |
| Position: | | Duties Performed: | |
| Supervisors Name and Title: | | May we contact them <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Reason for Leaving: | | | |

| References (Work Related) | | | |
|---------------------------|-------|---------|-------|
| Name | Title | Company | Phone |
| | | | |
| | | | |
| | | | |

☐
I certify that all answers given herein are true and complete to the best of my knowledge.

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

☐
In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge.

Signature of Applicant

Date