



#20 Jacksonville Place • Jacksonville, Illinois 62650 • 217-245-5101 • 217-245-2000 Fax

Application for Employment

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of a non-job-related medical condition or disability.

Please Print

Date of Application: _____

Name: _____

LAST FIRST MIDDLE

Address: _____

STREET CITY STATE ZIP CODE

Telephone: _____ Social Security No.: _____

If employed and you are under the age of 18, can you furnish a work permit? Yes _____ No _____

Are you a United States citizen? Yes _____ No _____

If not, do you have the legal right to remain permanently and work in the United States? Yes _____ No _____

Have you been convicted of or served time for a felony in the past 7 years? Yes _____ No _____

Do you have any disability that would substantially interfere with your ability to perform the duties of the job for which you are applying? Yes _____ No _____

If yes, please describe: _____

Employment Desired

Position(s) applied for: _____

Are you applying for: Full time: _____ Part time: _____

Shift you can work: Day _____ Evening _____ Night _____

Date you can start: _____

Have you ever been employed at Knollwood before? Yes _____ No _____

If yes, what department: _____ Dates: _____

Reason for leaving: _____

Are you related to another employee of Knollwood: Yes _____ No _____

If yes, whom? _____

References

Please list two persons *not* related to you.

Name: _____

Address: _____

Day Phone: _____ Evening Phone: _____

Name: _____

Address: _____

Day Phone: _____ Evening Phone: _____

Employment Experience

Start with your present or last job. Include military service assignments and volunteer activities. If you need additional space, please continue on a separate sheet of paper.

1. Employer: _____ Telephone: _____

Address: _____

Job Title: _____ Supervisor: _____

Dates Employed: _____ Reason for Leaving: _____

Hourly Rate/Salary: _____ Work Performed: _____

2. Employer: _____ Telephone: _____

Address: _____

Job Title: _____ Supervisor: _____

Dates Employed: _____ Reason for Leaving: _____

Hourly Rate/Salary: _____ Work Performed: _____

3. Employer: _____ Telephone: _____

Address: _____

Job Title: _____ Supervisor: _____

Dates Employed: _____ Reason for Leaving: _____

Hourly Rate/Salary: _____ Work Performed: _____

Special Skills and Qualifications

Summarize special skills and qualifications acquired from employment or other experience.

Education

	Elementary	High	College/University	Graduate/Professional
School Name				
Years Completed: (circle)	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree				
Describe Course Of Study				

Honors Received: _____

Extracurricular activities while you were in school _____

Applicant's Statement

I certify that 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. I understand that this application is not intended to be a contract of employment.

In the event of employment, I understand that any false or misleading information given in my application or interview(s) may result in immediate discharge. I also understand that, if hired, regardless of any oral representations to the contrary, the employment relationship between myself and the Company is terminable-at-will, so that both the Company and I remain free to choose to end our work relationship at any time for any or no reason. Any changes in this employment relationship must be made in writing.

I also understand that any offer of employment may be conditional upon a health evaluation by a doctor selected by the Company, to determine whether I can perform the job duties. In addition, I understand a drug or alcohol test may be required depending upon Company policy. I authorize the Company to make a thorough investigation of my past employment, education and job-related activities and I release from liability all persons, companies, and corporations supplying such information including, but not limited to the employers stated in this application. I also indemnify this Company against any liability which might result from making such investigation.

Additionally, I authorize the Company to supply my employment record, in its sole discretion, in whole or in part, to any prospective employer, government agency, or other party, with an interest that the Company deems appropriate.

Date _____ Signature of Applicant _____

AUTHORIZATION TO RELEASE INFORMATION

I hereby voluntarily authorize the Division of Worker's Compensation to release information to my employer. The information to be released shall only include information generated by computer search and shall not include any copies of documents which may be in the Division's possession. I understand this authorization will include release of information covering both pending and closed cases involving any work related injuries on file with the Division.

To be completed by EMPLOYER:	
Date of Request:	Signature of Requester:
Employer's Full Name:	
Employer's Street Address:	
Employer's City, State and Zip Code:	

To be completed by EMPLOYEE:	
Employee's Social Security Number:	
Employee's Full Name (<i>print or type</i>):	
Employee's Street Address:	
Employee's City, State and Zip Code:	
Signature of Employee:	Date:

Subscribed and sworn before me, in my presence, this ___ day of _____, 20___, a Notary Public in and for the State of _____

(Signature of Notary Public)

My Notary Commission expires _____, 20___.

Note: This information is not to be used in a manner which would violate the Americans with Disabilities Act. For more information about the Americans with Disabilities Act (ADA) contact the ADA Technical Assistance Center at 4816 Santana Circle, Columbia, MO 65203 or call 1-800-949-4ADA.