

The information provided in this Application for Employment is true, correct and complete. If employed, any misstatement or omission of fact on this application may result in my dismissal. If Alliance Paper and Foodservice Equipment decides to engage an investigative consumer reporting agency to report my credit and personal history, I authorize Alliance Paper and Foodservice Equipment to do so. If a report is obtained, Alliance Paper and Foodservice Equipment must provide, at my request, the name and address of the agency, so I may obtain from them the nature and substance of the information contained in the report. Alliance Paper and Foodservice Equipment is licensed to do business in the state of Illinois, as an "Employment at Will" company. I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future.

Signature _____ Date _____

For internal use only.

Payroll/Personnel information:

Employee's Name:
Position:
Department:
Pay Rate:
Circle one if attachment to Employment Application:
Addendum Employment Agreement Special Arrangements
Start Date:

It is our Policy not to discriminate against any employee or application for employment because of age, race, religion, color, handicap, sex, physical condition, developmental disability, sexual orientation or national origin.

Application for
Employment



Personal Information			
Last Name	First	Middle	Date
Street Address			Home Phone ()
City	State	Zip	Business Phone ()
Have you ever applied for employment with us? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes: Month and Year:			Social Security Number
Position Desired:			Pay Expected
Are you available for full time work? <input type="checkbox"/> No <input type="checkbox"/> Yes If not, what hours are you available?			Will you work overtime if asked? <input type="checkbox"/> No <input type="checkbox"/> Yes
When are you available to start working?			
Other special training, or skills (languages, machine operation, etc)			
How did you learn of our organization?			

Education					
School	Name and Location of School	Course of Study	Years Completed	Did you Graduate?	Degree Earned
College				<input type="checkbox"/> Yes <input type="checkbox"/> No	
High School				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Elementary				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other				<input type="checkbox"/> Yes <input type="checkbox"/> No	

We are a drug free workplace, you will be expected to pass a drug test. If you apply for a "Safety Sensitive" position, we discharge employees who fail.

Employment: Please give accurate, complete fulltime and part time employment records. Start with present or most recent employer.

1.

Company Name	Telephone ()
Address	Employed (Month and Year) From: To:
Name of Supervisor	Weekly Pay Start: End:
Job Title	
Describe your work	
Reason for Leaving	

2.

Company Name	Telephone ()
Address	Employed (Month and Year) From: To:
Name of Supervisor	Weekly Pay Start: End:
Job Title	
Describe your work	
Reason for Leaving	

3.

Company Name	Telephone ()
Address	Employed (Month and Year) From: To:
Name of Supervisor	Weekly Pay Start: End:
Job Title	
Describe your work	
Reason for Leaving	

4.

Company Name	Telephone ()
Address	Employed (Month and Year) From: To:
Name of Supervisor	Weekly Pay Start: End:
Job Title	
Describe your work	
Reason for Leaving	

Military

Describe your duties and any special training	Period of active Duty (Month and Year) From: To:
	Date of final discharge
	Do you have any reserve duty obligations? <input type="checkbox"/> No <input type="checkbox"/> Yes

General Information

In Case of Emergency, who should we contact?	
Name	Relationship
Address	
Primary Phone ()	Secondary Phone ()

List Licenses' you hold:	Driver's License number
Are you a U.S. Citizen or Authorized Alien? <input type="checkbox"/> No <input type="checkbox"/> Yes	Are you over 18 years of age? (If not employment is subject to verification of minimum legal age) <input type="checkbox"/> No <input type="checkbox"/> Yes
Previous Address (Street, City, state and Zip)	
How many years at present address?	How many years at previous address?
Have you ever been bonded? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, with what employers?	
Have you ever been convicted of a felony in the past 5 years, excluding misdemeanors, and summary offenses, which has not been annulled, expunged or sealed by a court? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, describe in full:	
State the names of relatives and friends working for us:	
Are you at this time aware of any medical or physical limitations which might limit your work? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, describe in full:	
Are you willing to be tested for an alcohol or drug dependency problem? <input type="checkbox"/> No <input type="checkbox"/> Yes	