



# Application for Employment

Our policy is to provide equal employment opportunity to all qualified persons without regard to race, creed, color, religious belief, sex, age, national origin, ancestry, disability, or veteran status.

Date \_\_\_\_\_ Social Security # \_\_\_\_\_  
Last name \_\_\_\_\_ First name \_\_\_\_\_ Middle name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
Telephone \_\_\_\_\_ E-mail: \_\_\_\_\_

Are you a U.S. citizen or otherwise authorized to work in the U.S. on an unrestricted basis? (You may be required to provide documentation.)  Yes  No

### Employment Desired

Position applied for \_\_\_\_\_  
How did you hear of this opening? \_\_\_\_\_  
Have you ever applied for employment here?  Yes  No If yes, when? \_\_\_\_\_  
Have you ever been employed by this company?  Yes  No If yes, when? \_\_\_\_\_  
Are you presently employed?  Yes  No If yes, # hours per worked per week \_\_\_\_\_  
Are you available for full-time work?  Yes  No Part-time work?  Yes  No  
Desired position \_\_\_\_\_ Desired starting salary \_\_\_\_\_  
What hours/days are you available? \_\_\_\_\_ Date you can start \_\_\_\_\_  
Please list applicable skills, *including computer*: \_\_\_\_\_

### Education

	School Name and Location	Major	Degree
High School	_____	_____	_____
College	_____	_____	_____
College	_____	_____	_____
Post-College	_____	_____	_____
Other Training	_____	_____	_____

Are you planning to continue your studies?  Yes  No  
If yes, where and what courses of study? \_\_\_\_\_

Please list any scholastic honors received and offices held in school.

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**Employment History**      **(Please start with most recent employer)**

Company Name \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

Date Started \_\_\_\_\_ Starting Position \_\_\_\_\_

Date Ended \_\_\_\_\_ Ending Position \_\_\_\_\_

Name of Supervisor \_\_\_\_\_

May we contact?  Yes  No

Responsibilities \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Company Name \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

Date Started \_\_\_\_\_ Starting Position \_\_\_\_\_

Date Ended \_\_\_\_\_ Ending Position \_\_\_\_\_

Name of Supervisor \_\_\_\_\_

May we contact?  Yes  No

Responsibilities \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Company Name \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

Date Started \_\_\_\_\_ Starting Position \_\_\_\_\_

Date Ended \_\_\_\_\_ Ending Position \_\_\_\_\_

Name of Supervisor \_\_\_\_\_

May we contact?  Yes  No

Responsibilities \_\_\_\_\_

Reason for leaving \_\_\_\_\_

**Emergency Contact**

In case of emergency, please notify:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

**(PLEASE TURN TO REVERSE SIDE)**



\_\_\_\_\_ **Oak Park • Chicago • Oak Brook** \_\_\_\_\_

**Please Read Before Signing:**

I certify that all information provided by me on this application is true and complete to the best of my knowledge and that I have withheld nothing that, if disclosed, would alter the integrity of this application.

I authorize my previous employers, schools, or persons listed as references to give any information regarding employment or educational record. I agree that this company and my previous employers will not be held liable in any respect if a job offer is not extended, or is withdrawn, or employment is terminated because of false statements, omissions, or answers made by myself on this application. In the event of any employment with this company, I will comply with all rules and regulations as set by the company in any communication distributed to the employees.

In compliance with the Immigration Reform and Control Act of 1986, I understand that I am required to provide approved documentation to the company that verifies my right to work in the United States on the first day of employment. If necessary, I can request from this company a list of the approved documents that are required.

I understand that employment at this company is "at will," which means that either I or this company can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment is continued on that basis. I hereby acknowledge that I have read and understand the above statements.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Last 4 digits of Social Security: xxx - xx - \_\_\_\_\_

**References**

List three references, ***preferably professional***, who have known you for more than one year.

Name \_\_\_\_\_ Phone \_\_\_\_\_ Years Known \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Years Known \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Years Known \_\_\_\_\_

Address \_\_\_\_\_

**Main Office:**

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