## APPLICATION FOR EMPLOYMENT

Qualified applicants receive equal consideration. No question is asked for the purpose of excluding any applicant due to race, creed, color, national origin, religion, age, sex, handicap, disability, veteran status, marital status, sexual orientation, or any other characteristic protected by law. WE ARE AN EQUAL OPPORTUNITY EMPLOYER.

			Date
NameLast		First	Middle
Street Address			
City	State		Zip Code
Telephone ()		Social Security N	10
Type of work for which you wish to be co	nsidered		
What source led you to make application	with us?		

C.M. Lavoie & Associates 1050 W Route 126 Plainfield II 60544

## **EMPLOYMENT HISTORY**

Please list your <u>complete</u> employment history. List present or most recent employer first. Use additional page, if necessary.

Employer	Employed (Mo./Yr.)	Type of work performed	Present or last salary	Reason for leaving
	From:			
	To:			
Address/City				
Name of Supervisor				
Employer	Employed (Mo./Yr.)	Type of work performed	Present or last salary	Reason for leaving
	From:			
	То:			
Address/City				
Name of Supervisor				
Employer	Employed (Mo./Yr.)	Type of work performed	Present or last salary	Reason for leaving
	From:			
	То:			
Address/City				
Name of Supervisor				
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## **EDUCATION**

Schools:	Name & Location of School	Circle Last Ye	ar Completed	Major Courses	Diploma or Degree?
High School		7 8 9 10 1	1 12		
College		1 2 3 4 m	ore		
Business or Trade Schoo	l	Months A	ttended		
If you served	in the United States Armed Fo	rces, briefly describe	e the skills you	acquired	
	PEF	RSONAL INF	ORMATI	<u>ON</u>	
Are you legally a	authorized to work in the U.S.?	Yes	No		
	required to furnish documents to veri ir employment is contingent upon furr			ance with the Immigration	Reform and
	and telephone number of some			er we can contact in ca	ase of an
Are you at least	18 years of age? Yes _	No			
Have you ever b	een convicted of a crime (felon	•			
	perienced operator of any office			t	
Do you have any	y other skills you wish to mentic	on?			
Are you present	ly employed? YesNo_	If so, may we	contact your pr	esent employer? Ye	s No
If hired, when we	ould you be available?			Salary Requirements	?

## **REFERENCES**:

Name of Reference	
Occupation	
Address	
City, State, Zip	
Telephone	
*For additional references, please attach a separate sheet.	
I certify at the answers given by me to the foregoing questions and statements are true and correct omissions of any kind. I agree that the company shall not be held liable in any respect if my employ because of false statements, answers or omissions made by me in this application. I understand the incorrect statements may render this application void, and if employed, may lead to employment tentate a medical examination based on the requirements of the position for which I am being consider and drug testing may be included as part of the regular pre-employment physical. I also authorized or persons named above to give any information requested regarding my employment, character are hereby release said companies, schools or persons from all liability for any damage for issuing this consideration of my employment, I agree to conform to the rules and regulations of this organization compensation can be terminated with our without cause and with or without notice, at any time, at the employer or myself. (Disclaimer - This is not legal advice, employer should review prior to use.)	lyment s terminated hat any misleading or rmination. I understand red may be required, I the companies, school and qualification. I is information. In the sinformation in the sinformatio
Signature Date	