

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 _____

Name _____
Last First Middle

Street Address _____

City _____ State _____ Zip Code _____

Telephone (____) _____ Social Security No. _____

Type of work for which you wish to be considered _____

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 complete employment history. List present or most recent employer first. Use additional page, if necessary.

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

REFERENCES:

Name of Reference _____

Occupation _____

Address _____

City, State, Zip _____

Telephone _____

*For additional references, please attach a separate sheet.

I certify that the answers given by me to the foregoing questions and statements are true and correct without consequential omissions of any kind. I agree that the company shall not be held liable in any respect if my employment is terminated because of false statements, answers or omissions made by me in this application. I understand that any misleading or incorrect statements may render this application void, and if employed, may lead to employment termination. I understand that a medical examination based on the requirements of the position for which I am being considered may be required, and drug testing may be included as part of the regular pre-employment physical. I also authorized the companies, school or persons named above to give any information requested regarding my employment, character and qualification. I hereby release said companies, schools or persons from all liability for any damage for issuing this information. In consideration of my employment, I agree to conform to the rules and regulations of this organization. My employment and compensation can be terminated with or without cause and with or without notice, at any time, at the option of either my employer or myself. (Disclaimer – This is not legal advice, employer should review prior to use.)

Signature _____ Date _____