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Telephone Long Distance Digital Cable TV High Speed Internet Networking

APPLICATION FOR EMPLOYMENT

(PLEASE PRINT) Date of Application _____

Position(s) Applied For _____

Referral Source: [] Advertisement [] Friend [] Relative [] Employment Agency
[] Walk In [] Other _____

Name _____
Last First Middle

Current Address _____
Number Street City State Zip

Telephone () _____ Social Security Number _____

If employed and you are under 18, can you furnish a work permit? [] Yes [] No

Have you filed an application here before? If yes, give date? _____ [] Yes [] No

Have you ever been employed here before? If yes, give date _____ [] Yes [] No

Are you employed now? [] Yes [] No

May we contact your present employer? [] Yes [] No

Are you a U.S. citizen or can you establish that you are an authorized worker? [] Yes [] No

On what date would you be available for work? _____

Are you available to work [] Full time [] Part time [] Special Assignment

Are you on layoff and subject to recall? [] Yes [] No

Have you ever been convicted of, or pled guilty or nolo contendere to any crime (other than a minor traffic violation)? [] Yes [] No

If yes, please explain (Note that conviction of a crime will not necessarily disqualify an applicant – the nature of the crime and when the conviction occurred will be considered) _____

NOTE: You are NOT obligated to disclose sealed or expunged records of conviction or arrest.

Approximate rate of pay expected: _____

Do you have the physical ability to perform all essential duties of the job(s) for which you are applying? [] Yes [] No

If no, please explain _____

Are there workplace accommodations which would assure better job placement and/or enable you to perform your job to your maximum capability? Yes No

If yes, please indicate _____

List professional, trade, business or civic activities and offices held. (Exclude those which indicate race, color, religion, sex or national origin.) _____

Give name, address and telephone number of three references who are not related to you and are not previous employers.

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				
Describe Specialized Training, Apprenticeship, Skills and Extra-Curricular Activities				
Honors Received:				

State any additional information you feel may be helpful to us in considering your employment: _____

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

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include military service assignments and volunteer activities.

	DATES EMPLOYED		WORK PERFORMED
EMPLOYER	FROM	TO	
ADDRESS			
PHONE			
JOB TITLE	HOURLY RATE/SALARY		
	STARTING	FINAL	
SUPERVISOR			
REASON FOR LEAVING			

	DATES EMPLOYED		WORK PERFORMED
EMPLOYER	FROM	TO	
ADDRESS			
PHONE			
JOB TITLE	HOURLY RATE/SALARY		
	STARTING	FINAL	
SUPERVISOR			
REASON FOR LEAVING			

	DATES EMPLOYED		WORK PERFORMED
EMPLOYER	FROM	TO	
ADDRESS			
PHONE			
JOB TITLE	HOURLY RATE/SALARY		
	STARTING	FINAL	
SUPERVISOR			
REASON FOR LEAVING			

	DATES EMPLOYED		WORK PERFORMED
EMPLOYER	FROM	TO	
ADDRESS			
PHONE			
JOB TITLE	HOURLY RATE/SALARY		
	STARTING	FINAL	
SUPERVISOR			
REASON FOR LEAVING			

If you need additional space, please continue on a separate sheet of paper.

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 disability or handicap.

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application or any other pre-employment documents shall result in termination when discovered. I authorize you to obtain an investigative consumer report and/or a report from any law enforcement agency which may include both general and personal information about me. I authorize investigation of all statements contained herein and authorize the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you.

In consideration of my employment, I agree to conform to the rules and regulations of the Company and agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at the option of either the Company or myself and without notice or liability for wages or salary except such earned at the date of such termination. I understand that no manager, supervisor or representative of management, other than the President (or ranking officer), has any authority to enter into an agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing.

In the event that I am employed, I understand that regardless of the shift and job that I am first assigned, I may be required to accept a change of job or shift depending on my demonstrated skills after employment and the needs of the Company. I consent to take any physical or medical examinations, including blood and urine or other tests for alcohol and drugs, requested by the Company in connection with the processing of my application for employment and further agree to take any such physical or medical examinations requested by the Company during my employment if I am offered and accept a job. I understand that such an examination may be needed in order to determine my competence to perform the job or work for which I was hired, or to identify any physical or mental condition bearing on my job performance. I understand that refusal to submit to any physical or medical examination ordered by the Company will result in rejection for employment or for disciplinary action up to and including immediate discharge. I further understand that any information obtained through such exams may be retained by the Company and is exclusively the Company's property. I also understand that the examinations will be performed by medical personnel, clinics or laboratories qualified to do the necessary work and costs for such examinations will be borne by the Company.

Applicant Signature

Date

FOR OFFICE USE ONLY -- DO NOT WRITE BELOW THIS LINE

Position Considered _____

Interviewed By _____

Date _____

Accepted for Employment _____

Comments _____

AGREEMENT, AUTHORIZATION, AND CONSENT FOR RELEASE OF BACKGROUND INFORMATION

PLEASE TYPE OR PRINT

I, _____
 LAST NAME FIRST NAME MIDDLE NAME (PLEASE INCLUDE Jr., Sr., II, III Etc.)

understand that in conjunction with my application for employment, work to be performed under contract, promotion, reassignment, and/or retention, **Schwartz Ventures, Inc.** will use the services of an outside agency to research and verify the information I have provided on my application for employment including my personal background, character, professional standing, work history and qualifications. This agency will provide a written report of its findings to **Schwartz Ventures, Inc.**

Schwartz Ventures, Inc. will hire an outside agency to utilize various sources of information it deems appropriate including but not limited to: credit reporting agencies, workers compensation records including any and all injuries in compliance with the Federal ADA Act, department of motor vehicle records, criminal conviction records, current and former employers, military records, education records, professional and personal references. I agree, authorize and consent to the release and disclosure of any and all information including but not limited to the above to **Schwartz Ventures, Inc.**, and outside agency.

I agree, authorize and consent to the procurement of a Consumer Report and/or an Investigative Consumer Report and understand that it may contain information about my credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living. This authorization in original or copy form shall be valid for my term of employment from the date indicated next to my signature. According to the Fair Credit Reporting Act, I will be notified by **Schwartz Ventures, Inc.** if employment is denied because of information obtained from a Consumer Reporting Agency. Additionally, I understand that if requested within 60 days, I will be given a full and accurate disclosure as to the nature and substance of all information provided to **Schwartz Ventures, Inc.**

LAW ENFORCEMENT AGENCIES AND OTHER ENTITIES FOR POSITIVE IDENTIFICATION PURPOSES REQUIRE THE FOLLOWING INFORMATION WHEN CHECKING PUBLIC RECORDS. IT IS CONFIDENTIAL AND WILL NOT BE USED FOR ANY OTHER PURPOSES.

 Signed Today's Date

 Printed Name Position Applied For

_____-_____-_____/_____/_____
 Social Security Number Date of Birth Driver's License Number State

Other names you have used or are also known as: _____

PLEASE PROVIDE ALL RESIDENTIAL ADDRESSES FOR THE PAST 7 YEARS Mo./Yr. / Mo./Yr

Current Address: _____ /
 Street Apt.# City State Zip Code From / To?

Former Address: _____ /
 Street Apt.# City State Zip Code From / To?

Former Address: _____ /
 Street Apt.# City State Zip Code From / To?

Former Address: _____ /
 Street Apt.# City State Zip Code From / To?