



Lake Carroll Association supports the Federal Drug-Free Workplace Law.

Lake Carroll Association

3-200 Association Drive ~ Lake Carroll, IL 61046
Ph: 815-493-2552 ~ Fax: 815-493-2883

Employment Application Date: _____ Position applied for: _____

APPLICANT DATA:

How were you referred to us: _____

Full Name: _____ Date of Birth: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: () - () - Mobile/Other: E-mail Address: _____

Date Available: _____ Social Security No.: - - Salary Requirement: \$ _____

If you are under 18 and we require a work permit, can you furnish one? YES NO If no, please explain: _____

Position Applied for: _____

Have you ever worked for this company? YES NO If so, when? _____

Are you a citizen of the United States? YES NO If no, do you have work papers? YES NO

Were you referred by an employee of Lake Carroll Association? If so, please give us their name.

Driver's license number, if applicable to position: _____

EDUCATION:

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

REFERENCES:

Please furnish the names, addresses and telephone numbers of two people to whom you are not related and by whom you have not been employed:

Name: _____ Phone: () - Ext: _____

Address: _____

Name: _____ Phone: () - Ext: _____

Address: _____



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SUMMARIZE YOUR SPECIAL SKILLS OR QUALIFICATIONS:

PREVIOUS EMPLOYMENT (begin with most recent position):

Company: _____ Phone: () - _____
Address: _____ Supervisor: _____
Job Title: _____
Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____
May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: () - _____
Address: _____ Supervisor: _____
Job Title: _____
Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____
May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: () - _____
Address: _____ Supervisor: _____
Job Title: _____
Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____
May we contact your previous supervisor for a reference? YES NO

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge. I authorize you to make such investigations and inquiries of my personal, employment, educational and other related matters as may be necessary for an employment decision. Any offer of employment is contingent upon my credit report and a successful criminal background check. Date of offense, seriousness and nature of the violation, rehabilitation and the position you applied for will be considered. I hereby release employers, schools or persons from all liability in responding to inquiries in connection with my application. In the event I am employed, I understand that false or misleading information given in my application or interview(s) may result in discharge. If I provide an electronic submission of this document and if given the opportunity to interview for a position, I understand I will be required to sign a hard copy of this document.

Signature: _____ Date: _____