

**KANKAKEE COUNTY TRAINING
CENTER FOR THE DISABLED, INC.**
Employment Application



APPLICANT INFORMATION

| | | | | | | | | | | |
|---|------------------------------|-----------------------------|--|------------------------------|-----------------------------|-----------------|------------------------------|-----------------------------|--|--|
| Last Name | | | | First | | | M.I. | Date | | |
| Street Address | | | | | | | Apartment/Unit # | | | |
| City | | | | State | | | ZIP | | | |
| Phone | | | | E-mail Address | | | | | | |
| Date Available | | | | Social Security No. | | | | Desired Salary | | |
| Position Applied for | | | | | | | | | | |
| If you are under 18, and it is required, can you furnish a work permit? | | | | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If no, explain? | | | | |
| Are you a citizen of the United States? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If no, are you authorized to work in the U.S.? | | | | YES <input type="checkbox"/> | NO <input type="checkbox"/> | | |
| Have you ever worked for this company? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If so, when? | | | | | | | |
| Valid Driver's license | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Driver's license # | | | | | | | |

EDUCATION

| | | | | | | | | | |
|-------------|--|----|--|-------------------|------------------------------|-----------------------------|--------|--|--|
| High School | | | | Address | | | | | |
| From | | To | | Did you graduate? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Degree | | |
| College | | | | Address | | | | | |
| From | | To | | Did you graduate? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Degree | | |
| Other | | | | Address | | | | | |
| From | | To | | Did you graduate? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Degree | | |

PREVIOUS EMPLOYMENT

| | | | | | | | | | |
|--|--|----|--|------------------------------|-----------------------------|--|------------------|--|--|
| Company | | | | Phone | | | | | |
| Address | | | | Supervisor | | | | | |
| Job Title | | | | Starting Salary \$ | | | Ending Salary \$ | | |
| Responsibilities | | | | | | | | | |
| From | | To | | Reason for Leaving | | | | | |
| May we contact your previous supervisor for a reference? | | | | YES <input type="checkbox"/> | NO <input type="checkbox"/> | | | | |
| Company | | | | Phone | | | | | |
| Address | | | | Supervisor | | | | | |
| Job Title | | | | Starting Salary \$ | | | Ending Salary \$ | | |
| Responsibilities | | | | | | | | | |
| From | | To | | Reason for Leaving | | | | | |
| May we contact your previous supervisor for a reference? | | | | YES <input type="checkbox"/> | NO <input type="checkbox"/> | | | | |
| Company | | | | Phone | | | | | |
| Address | | | | Supervisor | | | | | |
| Job Title | | | | Starting Salary \$ | | | Ending Salary \$ | | |
| Responsibilities | | | | | | | | | |

SKILLS AND QUALIFICATIONS

Summarize any training, skills, licenses and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying. _____

REFERENCES

Please list three professional references.

| | | | |
|-----------|--|--------------|--|
| Full Name | | Relationship | |
| Company | | Phone | |
| Address | | | |
| Full Name | | Relationship | |
| Company | | Phone | |
| Address | | | |
| Full Name | | Relationship | |
| Company | | Phone | |
| Address | | | |

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to cancel further consideration of the application, or immediately discharge me from the employer's service, whenever it is discovered.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that the employer does not unlawfully discriminate in employment and no question on the application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only 1 year. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied, oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant

Date

