APPLICATION FOR EMPLOYMENT

Tri-County Opportunities Council
405 Emmons Avenue
P.O. Box 610
Rock Falls, IL 61071
1-800-323-5434
www.tcochelps.org

We consider applications for all positions without regard to race, color, religion, creed, sex, national origin, disability, sexual orientation, citizenship status or any other legally protected status.

Position(s) Applied For:	Date of Application:

How Did You Learn About Us?

☐ Newspaper ☐ Internet ☐ Relative ☐ Inquiry
☐ Employment Agency ☐ Friend ☐ Agency Website/Facebook
☐ Other _____

Last Name:	First Name:	Middle Name:	
Address:	City	State:	Zip:
Telephone Number(s):	Email:		

Best time to contact you at home is: _____

If you are under 18 years of age, can you provide required proof of your eligibility to work? ☐ Yes ☐ No

Have you ever filed an application with us before? ☐ Yes ☐ No
If yes, give date _____

Have you ever been employed with us before? Yes No
If yes, give date _____

Do any of your friends or relatives, other than spouse, work here? ☐ Yes ☐ No

Are you currently employed? ☐ Yes ☐ No

May we contact your present employer? ☐ Yes ☐ No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? *Proof of citizenship or immigration status will be required upon employment* ☐ Yes ☐ No

Any other language spoken besides English? _____

Date Available for work: _____ What is your desired salary range? _____

Are you available to work: ☐ Full-Time ☐ Part-Time ☐ Temporary

Are you currently on "lay-off" status and subject to recall? ☐ Yes ☐ No

Can you travel if a job requires it? ☐ Yes ☐ No

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EDUCATION

	Name and Address of School	Course of Study	Years Completed	Diploma Degree
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Describe any job-related training received in the United States Military.

ADDITIONAL INFORMATION

Other Qualifications Summarize special job-related skills and qualifications acquired from employment or other experience

SPECIALIZED SKILLS (CHECK SKILLS/EQUIPMENT OPERATED)

		Production/Mobile Machinery (*List*)	Other (*List*)
Terminal PC/MAC Typewriter WPM _____	Spreadsheet Word Processing Shorthand WPM _____		

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EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)			
Email Address			
Job Title			
Supervisor's Name			
Reason for Leaving			

Employer	Dates Employed		Work Performed
	From	To	
Address			
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Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)			
Email Address			
Job Title			
Supervisor's Name			
Reason for Leaving			

List professional, trade, business or civic activities and offices held. *You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability, or other protected status:*

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State any additional information you feel may be helpful to us in considering your application.

NOTE TO APPLICANTS: Do not answer this question unless you have been informed about the requirements of the job for which you are applying.

Can you perform the essential functions of the job, for which you are applying, either with or without a reasonable accommodation? ☐ Yes ☐ No

REFERENCES

Name:	Phone Number:
Address:	

Name:	Phone Number:
Address:	

Name:	Phone Number:
Address:	

APPLICANT STATEMENT

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period for time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an *"at will"* nature, which means that the employee may resign at any time and the employer may discharge employee at any time with or without cause. It is further understood that this *"at will"* employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant _____ Date _____

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