



12521 S. Kostner Ave.
Alsip, IL 60803
Phone: 708-389-9423
Fax: 708-389-6458
www.SWSRA.com

APPLICATION FOR EMPLOYMENT
EQUAL OPPORTUNITY EMPLOYER

PERSONAL DATA

Name (Last, First, Middle) _____ Date _____

Address _____

City _____ State _____ Zip Code _____

Home Phone () _____ Message Phone () _____

Email Address _____

If employed, can you provide proof of authorization to work in the U.S.? Yes No

Position(s) applying for: _____

Referred by Ad Friend Relative Agency Other

Available for: _____ Seasonal Employment _____ Part-Time Employment _____ Full-Time Employment

EDUCATION RECORD

High School

Address _____

Did you graduate? Yes No

College/University

Address _____

Degrees or Diplomas _____ Years attended 1 2 3 4

Trade or Technical Training

Address _____

Degrees or Diplomas _____

Graduate School

Address _____

Degrees or Diplomas _____ Years Attended 1 2 3 4

SPECIAL SKILLS

1. Summarize any special skills, qualifications or certifications that you acquired through employment or other experience that are applicable to the job that you are applying for:

2. List any experiences working with individuals with special needs:

3. Do you have experience driving an oversized vehicle, such as a 15-passenger van? ____ Yes ____ No

EMPLOYMENT HISTORY

Begin with most recent employer. Attach additional sheet if needed.

1. Employer	Dates of Employment
<hr/>	
Address	
<hr/>	
Phone ()	Manager's Name
<hr/>	
Title/Duties	
<hr/>	
Reason for Leaving	
<hr/>	

2. Employer	Dates of Employment
<hr/>	
Address	
<hr/>	
Phone ()	Manager's Name
<hr/>	
Title/Duties	
<hr/>	
Reason for Leaving	
<hr/>	

3. Employer	Dates of Employment
<hr/>	
Address	
<hr/>	
Phone ()	Manager's Name
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PERSONAL DATA

Have you been employed here before? Yes No

May we contact your current employer? Yes No

APPLICANT'S SIGNATURE

I certify that all of my answers given here are true and complete to the best of my knowledge, and that supplying false information herein shall result in immediate disqualification for consideration for employment or termination from employment, regardless of when such false information is discovered. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision; and I hereby agree to indemnify and hold harmless each and every current or prior employer in defending against any charge, complaint or suit filed with any Federal, State or local agency, or in any court of the State or Federal government for providing an accurate, factual history of employment information. I understand that neither this document nor any offer of employment from the employer constitutes an employment contract, unless a specific document to that effect is executed by the employer and employee in writing.

Signature of Applicant

Date