



1000 Columbia Centre Drive
Columbia, IL 62236
618-281-6300

Applicant Information

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

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: () E-mail Address:

Date Available: Social Security No.: Desired Salary: \$

Position Applied for:

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

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

Have you ever been convicted of a felony? YES NO

If yes, explain:

Education

High School: Address: YES NO
From: To: Did you graduate? Degree:

College: Address: YES NO
From: To: Did you graduate? Degree:

Other: Address: YES NO
From: To: Did you graduate? Degree:

References

Please list three professional references.

Full Name: Relationship:
Company: Phone: ()
Address:

Full Name: Relationship:
Company: Phone: ()
Address:

Full Name: Relationship:
Company: Phone: ()
Address:

application or interview may result in my release.

In consideration of my employment, I agree to conform to the rules and regulation 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 time of termination. I understand that no manager, supervisor, or representative of management, other than the President, 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 shift or job depending on my demonstrated skills after employment and the needs of the Company. I consent to make any physical or medical examinations, including blood and urine 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 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 test done will be the property of the Company and will be performed by medical personnel, clinics, or laboratories qualified to do the necessary work and costs for such examinations will be borne the Company.

Signature: _____ Date: _____