



# Employment Application

NAME- LAST		FIRST	MIDDLE
HOME ADDRESS- STREET		CITY	STATE
		ZIP CODE	TELEPHONE NO.
POSITIONS APPLYING FOR		SALARY/RATE EXPECTED	
1.		2.	
WHO REFERRED YOU TO US FOR EMPLOYMENT?		DATE AVAILABLE	ARE YOU AUTHORIZED TO WORK IN THE U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO
DO YOU HAVE ANY RELATIVES WORKING AT ILSCO? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, WHO?	

EDUCATION						
	NAME & ADDRESS OF SCHOOL	GRADUATED		DEGREE RECEIVED	MAJOR	GPA
		YES	NO			
HIGH SCHOOL or GED				<input type="checkbox"/> Diploma <input type="checkbox"/> GED		
COLLEGE						
GRADUATE SCHOOL						

PREVIOUS EMPLOYMENT (MOST RECENT FIRST)					
DATES		EMPLOYER (FULL NAME AND ADDRESS)	NATURE OF DUTIES	IMMEDIATE SUPERVISOR	REASON FOR LEAVING
FROM MO/YR	TO MO/YR				

**MILITARY EXPERIENCE:**  YES  NO

IF YES, BRIEFLY DESCRIBE DUTIES AND SKILLS OBTAINED

**Please read carefully before signing.** ILSCO Corporation along with its subsidiaries (hereinafter referred to as ILSCO) is an equal opportunity employer and does not discriminate in employment on account of race, color, religion, national origin, citizenship status, ancestry, age, sex, sexual orientation, marital status, physical or mental disability, military status or unfavorable discharge from military service.

I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for ILSCO to hire me. If I am hired, I understand that either ILSCO or I can terminate my employment at any time and for any reason, with or without cause and without prior notice, subject to any terms and conditions of a collective bargaining agreement. I understand that no representative of ILSCO has the authority to make any assurance to the contrary.

I attest with my signature below that I have given to ILSCO true and complete information on this application. No requested information has been concealed. I authorize ILSCO to contact references provided for employment reference checks. If any information I have provided is untrue, or if I have concealed material information, I understand that this will constitute cause for the denial of employment or immediate dismissal.

APPLICANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_