

Last Name	First	Middle	Date
Street Address			Home Telephone ( )
City, State, Zip			Business Telephone ( )
Social Security Number	Email Address		Cell Phone ( )

Have you ever applied for employment with us? YES NO  
 If yes: Month and Year \_\_\_\_\_ Location \_\_\_\_\_

Position Desired: \_\_\_\_\_ Shift Desired: \_\_\_\_\_ Desired Rate of Pay: \_\_\_\_\_

After reviewing the job description(s), can you perform the functions of the job(s) for which you are applying? YES NO  
 If no, could you do so with reasonable accommodation? YES NO  
 If yes, describe type of accommodation needed: \_\_\_\_\_

If applying for a Nursing Assistant position, are you certified? YES NO

Apart from absence for religious observance, are you available for full-time work? YES NO  
 If not, what hours can you work? \_\_\_\_\_  
 Will you work overtime if necessary? YES NO  
 When will you be available to begin work? \_\_\_\_\_

Are you legally eligible for employment in the United States? YES NO

Have you ever been convicted of a felony? (Conviction will not necessarily disqualify an applicant from Employment): Do not respond yes if your case has been expunged or sealed. YES NO  
 If yes, please explain \_\_\_\_\_

How did you learn of an opening? \_\_\_\_\_

If you are under 18 years of age, can you provide required proof of your eligibility to work? YES NO

Level of Education	Name and Location of School	Course of Study	# of years of attendance	Did you Graduate?
Graduate				
College				
Business/Trade/ Jr. College				
High School				

**EMPLOYMENT**

Please give accurate, complete full-time and part-time employment record. Start with your present or most recent employer.

<b>(1) Company Name</b>	<b>Telephone</b>
<b>Address</b>	Employed—(State month, year) From To:
<b>Name of Supervisor</b>	Rate of Pay Start Last
<b>Job Title and Describe your work</b>	Reason for Leaving

<b>(2) Company Name</b>	<b>Telephone</b>
<b>Address</b>	Employed—(State month, year) From To:
<b>Name of Supervisor</b>	Rate of Pay Start Last
<b>Job Title and Describe your work</b>	Reason for Leaving

<b>(3) Company Name</b>	<b>Telephone</b>
<b>Address</b>	Employed—(State month, year) From To:
<b>Name of Supervisor</b>	Rate of Pay Start Last
<b>Job Title and Describe your work</b>	Reason for Leaving

<b>(4) Company Name</b>	<b>Telephone</b>
<b>Address</b>	Employed—(State month, year) From To:
<b>Name of Supervisor</b>	Rate of Pay Start Last
<b>Job Title and Describe your work</b>	Reason for Leaving

# PERSONAL REFERENCES

(No relatives or previous supervisors)

Name	City/State	Phone	Relationship
1.			
2.			
3.			

Winning Wheels, Inc. does not discriminate in hiring or any other decision on the basis of race, color, sex, citizenship, national origin, ancestry, or on the basis of age or physical or mental disability unrelated to the ability to perform the work required. No question on this application is intended to secure information to be used for such discrimination.

I voluntarily give Winning Wheels, Inc. the right to make a thorough investigation of my past employment and activities, including criminal, and I agree to cooperate in such investigation and release from all liability or responsibility all persons, companies or corporations supplying such information. I understand that this investigation, if hired, will consist of initiating a fingerprint-based criminal history records check from both the Illinois State Police and the FBI. If hired, I consent to a physical examination and understand that my employment offer will be contingent on passing the physical examination, and such future physical examinations as may be required by Winning Wheels, Inc. in accordance with its policies and with the regulatory agency.

I understand that I must successfully pass a drug screen to be employed with this organization.

I understand that my employment is at will, and that either party is free to terminate the employment relationship at any time without cause. I also understand that my employment may be terminated for any misrepresentation or omission of fact appearing on this application.

If employed, I will be required to complete an Employment Verification Form (I-9) and within three days show satisfactory evidence of identity and eligibility for employment.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date