



COMPANIES

# Application for Employment

This application is good for 60 days.

Applicants are considered for all positions, and employees are treated during employment without regard to race, religion, sex, national origin, age, disability, or any other prohibited basis of discrimination under applicable state and federal law. Federal law obligates us to provide reasonable accommodation to the known disabilities of applicants and employees, unless to do so would pose an undue hardship. **Please let us know** if you need an accommodation to complete the application process or to perform any essential elements of the position sought. Please complete all applicable portions of the application in their entirety.

Date of application \_\_\_\_\_

**(PLEASE PRINT)**

POSITION(S) APPLIED FOR:

Sales  Clerical  Managerial  Helper  Driver  Packer  Warehouse  Other

FULL NAME (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Full Middle) \_\_\_\_\_

ADDRESS \_\_\_\_\_ (How Long) \_\_\_\_\_

Number Street City State Zip Code

Addresses for The Past Three years



\_\_\_\_\_ (How Long) \_\_\_\_\_

\_\_\_\_\_ (How Long) \_\_\_\_\_

\_\_\_\_\_ (How Long) \_\_\_\_\_

Phone Number: ( ) \_\_\_\_\_ Emergency Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

Social Security # \_\_\_\_\_

If employed and you are under 18, can you furnish a work permit?  Yes  No

Have you filed an application with Federal before?  Yes  No If yes, give date \_\_\_\_\_ Location \_\_\_\_\_

Have you ever been employed with Federal before?  Yes  No If yes, give date \_\_\_\_\_ Location \_\_\_\_\_

Are you employed now?  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?  Yes  No

If hired, you will be required to submit documents sufficient to establish employment authorization and identity in compliance with the regulations prepared by the Immigration and Naturalization Service (INS). Proof of citizenship or immigration status will be required upon employment.

On what date would you be available for work? \_\_\_\_\_

Are you available to work  Full time  Part-Time  Seasonal  Shift Work  Temporary

Are you on a lay-off and subject to recall?  Yes  No Can you travel if a job requires it?  Yes  No

List professional, trade, business or civic activities and offices held. (You may exclude those which indicate, for example, race, color, religion, disability, age, sex or national origin.) \_\_\_\_\_

- [ ] 200 National Road, East Peoria, IL 61611
- [ ] 401 Kenyon Rd., Champaign, IL 61820
- [ ] W140 N9000 Lilly Rd., Menomonee Falls, WI 53051
- [ ] 2035 E. Olive, Decatur, IL 62526
- [ ] 2341 N. Ernie Krueger Cir., Waukegan, IL 60087
- [ ] 3033 E. Clear Lake, Springfield, IL 62703
- [ ] 1975 Walton Rd., St. Louis, MO 63114
- [ ] 2021 Eagle Rd., Bloomington/Normal, IL 61761
- [ ] 111 International Blvd., Glendale Hts., IL 60139

**AN EQUAL OPPORTUNITY EMPLOYER / AFFIRMATIVE ACTION EMPLOYER M/F/V/H**

**REFERENCES:**

Give name, address and telephone number of three references who are not related to you and are not previous employers:

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**EDUCATION:**

Please list education or specialized experience which relates to the position(s) for which you are applying. Exclude names or terms which indicate, for example, race, color, religion, sex, disability or national origin.

	HIGH SCHOOL	COLLEGE/UNIVERSITY	GRADUATE/PROFESSIONAL
Years Completed (circle)	9 10 11 12	1 2 3 4	1 2 3 4
School Name & Location			
Diploma/Degree			
Describe Course of Study			
Describe specialized training, apprenticeship, skills, and extracurricular activities.			

**EMPLOYMENT EXPERIENCE:**

Give a complete record of all employment for the past \_\_\_\_\_ years. Use a separate section for any unemployment or self-employment history, if necessary. Your application will not be processed if it is not properly completed.

Employer:	Dates Employed		Work Performed
Address: (City) _____ (State) _____ (Zip) _____ Telephone: ( ) _____	From	To	
Job Title:	Hourly Rate/Salary		
	Starting	Final	
Supervisor:			
Reason for Leaving:			

Employer:	Dates Employed		Work Performed
Address: (City) _____ (State) _____ (Zip) _____ Telephone: ( ) _____	From	To	
Job Title:	Hourly Rate/Salary		
	Starting	Final	
Supervisor:			
Reason for Leaving:			

Employer:	Dates Employed		Work Performed
Address: (City) _____ (State) ____ (Zip) ____ Telephone: ( ) _____	From	To	
Job Title:	Hourly Rate/Salary		
	Starting	Final	
Supervisor:			
Reason for Leaving:			

Employer:	Dates Employed		Work Performed
Address: (City) _____ (State) ____ (Zip) ____ Telephone: ( ) _____	From	To	
Job Title:	Hourly Rate/Salary		
	Starting	Final	
Supervisor:			
Reason for Leaving:			

**NOTIFICATION TO APPLICANTS:**

Please be aware that this application asks for information relating to criminal misdemeanor and/or felony convictions **not exempted by Item #1 below**. It also asks for any information specifically associated with convictions for the illegal use of alcohol and/or for the use or possession of drugs or controlled substances. It further asks regarding have you ever served a prison term or are you currently or have you ever been under court assigned supervision, probation or parole as the result of a conviction.

Answering in the affirmative to any of these questions will not necessarily disqualify you for employment as the circumstances of such information will always be considered.

Misrepresentation, falsification of or failing to divulge this or any other information requested on the application **will** result in disqualifying you for employment with The Federal Companies and will result in your termination if you have been hired.

**Statement of Understanding**

- I understand that under Public Act 93-211 certain arrest and conviction records are automatically sealed and **I am not required** to discuss or disclose any conviction(s) that have been sealed or expunged from my record under this Act, nor is the prospective employer allowed to inquire whether I have expunged or sealed records.
- I understand that **I am required** to indicate any misdemeanor or felony convictions, including traffic and vehicular and/or convictions resulting in deferred prosecution or adjunction **not exempted by #1 above**. This information should include the nature of the conviction; the date of the conviction; the City, State and Court that rendered the conviction, **and the disposition of the conviction**.

I have read and understand the above.

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

Date: \_\_\_\_\_

Yes  No Have you ever served in the United States Military? If yes, what Branch? \_\_\_\_\_ From \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_

Yes  No Have you EVER been convicted of a misdemeanor? Arrest Date \_\_\_/\_\_\_/\_\_\_ Convicted Date \_\_\_/\_\_\_/\_\_\_

List City, County & State of conviction \_\_\_\_\_ Charges \_\_\_\_\_

Yes  No Have you EVER been convicted of a felony? Arrest Date \_\_\_/\_\_\_/\_\_\_ Convicted Date \_\_\_/\_\_\_/\_\_\_

List City, County & State of conviction \_\_\_\_\_ Charges \_\_\_\_\_

- Yes  No Will you take an alcohol/drug screen breath/urine test for drug and alcohol or controlled substances?
- Yes  No Have you EVER been convicted for use of alcohol? If yes, where \_\_\_\_\_ When \_\_\_\_ / \_\_\_\_ / \_\_\_\_
- Yes  No Was a vehicle involved? If yes, what type  Personal  Commercial If yes, what charge? \_\_\_\_\_
- Yes  No Have you EVER been convicted for use or possession of drugs or controlled substances?  
If yes, where \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_
- Yes  No Was a vehicle involved? If yes, what type  Personal  Commercial If yes, what charge? \_\_\_\_\_
- Yes  No Have you EVER served a prison term?  
If yes, where \_\_\_\_\_ From \_\_\_\_ / \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_ / \_\_\_\_
- Yes  No Are you now or have you EVER been under court assigned supervision, probation, or parole as a result of a conviction?  
If yes, where \_\_\_\_\_ From \_\_\_\_ / \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_ / \_\_\_\_
- If yes, where \_\_\_\_\_ From \_\_\_\_ / \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_ / \_\_\_\_
- If yes, where \_\_\_\_\_ From \_\_\_\_ / \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Conviction will not necessarily disqualify you from employment. The recency, severity, and pertinence of the conviction to the job will all be considered.

**SPECIAL SKILLS AND QUALIFICATIONS:**

Summarize special skills and qualifications acquired from employment or other experiences: \_\_\_\_\_

State any additional information you feel may be helpful in considering your application: \_\_\_\_\_

Professional societies and honors? \_\_\_\_\_

Professional licenses and certifications? \_\_\_\_\_

Check which skills or training you have in the following areas.

- Typing \_\_\_\_\_ w.p.m.  Dictaphone  Data Processing  
 Shorthand \_\_\_\_\_ w.p.m.  Calculator/Adding Machine  PC Software  
 Other \_\_\_\_\_

**APPLICANT'S STATEMENT**

This certifies that this application and the accompanying addendums were completed by me and that all entries on these documents and information in these documents are true and complete to the best of my knowledge. The Company may investigate all statements contained in this application and the addendums, and I understand that any false or misleading information provided may result in my immediate discharge, if I am hired. **I UNDERSTAND THAT THIS APPLICATION IS NOT A CONTRACT OF EMPLOYMENT. I ALSO UNDERSTAND THAT IF HIRED, REGARDLESS OF ANY ORAL REPRESENTATIONS TO THE CONTRARY, THE EMPLOYMENT RELATIONSHIP BETWEEN MYSELF AND THE COMPANY IS TERMINABLE-AT-WILL SO THAT BOTH THE COMPANY AND I REMAIN FREE TO CHOOSE TO END OUR WORK RELATIONSHIP AT ANY TIME FOR ANY OR NO REASON. ANY CHANGES IN THIS EMPLOYMENT RELATIONSHIP MUST BE MADE IN WRITING.**

I also understand that any offer of employment may be conditioned upon a health evaluation by a doctor selected by the company, to determine whether I qualify for the position being considered. In addition, I understand a drug or alcohol test is required. I authorize the Company to make a thorough investigation of my past employment, education and job-related activities and I release from all liability all persons, companies, and corporations supplying such information. I also indemnify this Company against any liability which might result from making such investigation.

Additionally, I authorize the Company to supply my employment record, in its sole discretion, in whole or in part, to any prospective employer, government agency, or other party, with an interest that the Company deems appropriate.

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

# ADDENDUM FOR: DRIVERS, HELPERS, PACKERS & WAREHOUSE APPLICANTS

Date of Birth: \_\_\_\_\_ (To be completed by driver applicants only)

EXPERIENCE:

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (Van, Tank, Flat, Etc.)	DATES		APPROX. NO. OF MILES/HOURS
		FROM	TO	
Straight Truck				
Tractor and Semi-Trailer				
Material Handling Equip.				

- Yes     No    Have you EVER been denied a license, permit or privilege to operate motor vehicle? If yes, where \_\_\_\_\_  
Why? \_\_\_\_\_ When \_\_\_\_ / \_\_\_\_ / \_\_\_\_
- Yes     No    Is your license to drive suspended or revoked at this time, in any state? If yes, where \_\_\_\_\_  
Why? \_\_\_\_\_ When \_\_\_\_ / \_\_\_\_ / \_\_\_\_
- Yes     No    Has any license, permit or privilege EVER been suspended or revoked? If yes, where \_\_\_\_\_  
Why? \_\_\_\_\_ When \_\_\_\_ / \_\_\_\_ / \_\_\_\_
- Yes     No    Is your driving privilege limited in any way such as probation, area of operation, limitations of hours, etc., at this time?  
If yes, why? \_\_\_\_\_
- Yes     No    Are you familiar with D.O.T. Motor Carrier Safety Regulation?
- Yes     No    Do you agree to follow them?

List all unexpired commercial drivers' licenses: State \_\_\_\_\_ Date Issued \_\_\_\_\_ Expiration Date \_\_\_\_\_ License No. \_\_\_\_\_

**ACCIDENT RECORD:**

LIST ACCIDENTS FOR PAST THREE YEARS

DATE	WHERE	NATURE OF ACCIDENT (Head-On, Rear-End, etc.)	NO. OF INJURIES	FATALITIES	TYPE OF VEHICLE YOU WERE DRIVING

MOVING VIOLATIONS FROM PAST THREE YEARS

DATE	WHERE	CHARGE	PENALTY

## IMPORTANT

I understand that the information in this application and addendum will be used and that prior employers will be contacted for the purpose of investigation as required by Sec. 391.23 of Motor Carrier Safety Regulations. I also understand that I will be required to take a DOT physical exam and drug screen. I authorize all former employers and any other persons to provide The Federal Companies with any information, evaluations, and records concerning me, and hereby release The Federal Companies from any and all claims and damages, and causes of action that may hereafter arise from the provision of information, evaluations or records pursuant to this authority. I understand and agree that any false statement made on this application and/or addendums may result in termination. I certify that this application and addendum was completed by me and that all entries therein are true and complete to the best of my knowledge.

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

### **FAIR CREDIT REPORTING ACT**

### **DISCLOSURE STATEMENT**

**NOTE: PLEASE READ CAREFULLY BEFORE SIGNING BELOW**

For the purpose of evaluation of my application for qualification, I understand that Federal Companies may obtain or have prepared a consumer report and/or investigative consumer report concerning my prior employment, military record, education, creditworthiness, credit standing, credit capacity, character, general reputation, personal characteristics, criminal background records, and/or mode of living. In addition, I understand that a consumer report and/or investigative consumer report may be obtained at any time during my employment.

I understand that upon written request to Federal Companies, I will be informed whether an investigative consumer report was requested, and given full information as to the nature and scope of this investigation. (I understand that an investigative consumer report is a report in which information concerning my character, general reputation, personal characteristics, and/or mode of living is obtained through personal interviews with neighbors, friends or associates with whom I am acquainted.)

By my signature below, I also acknowledge that Federal Companies has provided me with a summary of my rights under the Fair Credit Reporting Act.\*

Name of Applicant (printed) \_\_\_\_\_

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

Date Signed \_\_\_\_\_

\* (NOTE: A summary of your rights under the Fair Credit Reporting Act prepared by the Federal Trade Commission is attached.)