APPLICATION FOR EMPLOYMENT

Equal Opportunity Employer

***************************************	ST. CLAIR TOWNSHIP	
	107 SERVICE STREET	
	SWANSEA, ILLINOIS 62226	
	618-233-3437	

Important Legal Notice: An employer may not use any information provided by a job applicant in a way which results in illegal discrimination against the job applicant under applicable federal, state, or local law. For example, an employer may be subject to legal liability for denying a job opportunity to an applicant on the basis of information provided by the applicant regarding his or her educational background unless the information is reasonably related to the applicant's ability to perform the job or there is an otherwise legitimate business reason.

PERSONAL INFORMA	TION			
NAME	***************************************			
(Last)		(first)		(Middle)
ADDRESS				CITY
STATE	ZIP	TEI	LEPHONE_	(Area Code/Number)
Are you legally authorized	to work in the US	S: Yes	No	
POSITION DESIRED		The state of the s	M. Proceedings	
POSITION			SALA	RY/WAGES EXPECTED
DATE YOU CAN STAR				
ARE YOU EMPLOYED	NOW?(CAN WE QU	ESTION YO	OUR PRESENT EMPLOYER?
HAVE YOU EVER APPI	LIED TO THIS CO	OMPANY BE	EFORE?	b and the second
IF SO, WHERE?			WHEN	1?

IMPORTANT NOTICE TO APPLICANTS

Under Illinois law, job applicants are not obligated to disclose sealed or expunged records of conviction or arrest or expunged juvenile records of conviction or arrest.

EMPLOYMENT DATES	T HISTORY EMPLOYER ANI) ADDRESS	JOB TITLE/DESCRIPTION	ON OF DUTIES
1 TO _				
2				
3				
4				72
4				
EDUCATION	(Complete	only if marked by	prospective employer as rec	quired for position)
NAME OF	SCHOOL	LOCATION	COL	JRSE/DEGREE
Management		ALCO CONTRACTOR OF THE PROPERTY OF THE PROPERT		
TRAINING OF position)	R SPECIAL STUDY	(Complete or	nly if marked by prospective	e employer as required for
REFERENCE Give the name	S of three persons not re	ated to you, that yo	ou have known for at least o	ne year.
NAME	ADDRESS	PHONE NO		
- Alternation		and the second s		
			Mark Mark Control of the Control of	

(Cont.)

LIST OF ESSENTIAL JOB-	RELATED FUNCTIONS (These will be filled in by the prospective employe
2	
I CERTIFY THAT THE FACT THE BEST OF MY KNOWLE STATEMENTS ON THIS APP I AUTHORIZE INVESTIGATI	S CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO DGE AND UNDERSTAND THAT, IF EMPLOYED, FALSIFIED LICATION SHALL BE GROUNDS FOR DISMISSAL. ON OF ALL STATEMENTS CONTAINED HEREIN AND THE E TO GIVE ANY AND ALL INFORMATION CONCERNING MY
	GNATURE:
	TE BELOW THIS LINE - FOR EMPLOYER USE ONLY
NTERVIEWED BY:	DATE:
COMMENTS:	
IIRE: YESNO	
OSITION:	DEPARTMENT:
ALARY/WAGE:	
PPROVED:1	2
Manager	Dept. Head General Manager