

Easy Street JD & S, LLC
 Material Handling Equipment
 148 Easy Street, Carol Stream, IL 60188
630-682-0021



Application for Employment

An Equal Opportunity Employer

Applicant Information				
Full Name				Date:
	Last	First	Middle	
Address				
	Street			Apartment/Unit
	City	State	Zip	
Phone	Cell	E-mail address		
Position Applied For:				
When are you available to start?		How many hours/week are you willing to work?	<input type="checkbox"/> Part Time (0 - 20 hours/week)	<input type="checkbox"/> Full Time (Over 20 hours/week)
What weekday hours are you available?		What weekend hours are you available?		
Are you willing to work overtime? <input type="checkbox"/> Yes <input type="checkbox"/> No		What is the minimum pay you desire? \$ _____ per		
Are you a United States citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No		If no, are you authorized to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you ever worked for this company before? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, when?				
Referred by				

References		
Name	Relationship	
Company	Phone	
Name	Relationship	
Company	Phone	
Name	Relationship	
Company	Phone	
Education		
High School	From	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address	To	Degree
College or University	From	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address	To	Degree
Other	From	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address	To	Degree
Other	From	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address	To	Degree

Employment History				
Company			Job Title	
Address				
Street		City	State	Zip Phone
Responsibilities			Supervisor	
	Starting	Ending	May we contact your previous supervisor?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date			Reason for leaving	
Salary				

Company			Job Title	
Address				
Street		City	State	Zip Phone
Responsibilities			Supervisor	
	Starting	Ending	May we contact your previous supervisor?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date			Reason for leaving	
Salary				

Company			Job Title	
Address				
Street		City	State	Zip Phone
Responsibilities			Supervisor	
	Starting	Ending	May we contact your previous supervisor?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date			Reason for leaving	
Salary				

Military Service		
Branch	From	To
Rank at discharge	Type of discharge	
If discharge other than honorable, explain:		

Have you ever been fired from any job for any reason	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever quit a job after being notified that you would be fired?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Give details, including the name, address (including ZIP Code) of employer, approximate date, and reasons in each case.	

Employment Background Investigation Authorization

Have you ever been convicted of a crime or are you now under charges for any offense against the Law? (You may omit: (1) any charges that were dismissed or resulted in acquittal; (2) any conviction that has been set aside, vacated, annulled, expunged, or sealed; (3) any offense that was finally adjudicated in a juvenile court or juvenile delinquency proceeding; and (4) any charges that resulted only in a conviction of a non-criminal offense. All felony and misdemeanor convictions and all convictions in state and federal courts are criminal convictions and must be disclosed. Disclosure of such convictions is required even if you did not spend any time in jail and/or were not required to pay a fine.) Yes
 No

While in the military service were you ever convicted by special or general court martial? Yes No

If you answer "Yes" to either question above, give details below. Show for each offense: (1) Date of conviction; (2) Charge convicted of; (3) Court and location; (4) Action taken. Note: A conviction does not automatically mean that you cannot be appointed. What you were convicted of, and how long ago, are important. Give all of the facts so that a decision can be made.

Are you now dependent on or a user of ANY addictive or hallucinogenic drug, including amphetamines, barbiturates, heroin, morphine, cocaine, mescaline, LSD, STP, hashish, marijuana, or methadone, other than for medical treatment under the supervision of a doctor? Yes
 No

Identification Information

The following information is requested in order to confirm your identity for purposes of completing an accurate background investigation, and is not provided for any purpose in connection with consideration of your application for employment.

Home Address	Street	City	State	Zip
Name as it appears on driver's license		Driver's License Number & State	Social Security Number	

I certify that the statements I have made are true and correct to the best of my knowledge, and without material omission. I understand that making false statements or omitting pertinent facts is sufficient cause for rejection or dismissal from employment. I further understand that an investigative report may be generated about me and authorize obtaining information from any person(s), employers, educational institutions, licensing authorities, and/or law enforcement agencies concerning my background, work habits, skill or conduct on the job, with the exception of past employer(s) I have indicated that are not to be contacted. I hereby release such person or entities from all liability for damages for issuing such information.

When I am employed, I agree that if at any time I make claims for personal injuries, I will submit myself, upon written request, to examination by a physician or physicians of employer's selection, at employer's expense, as often as may be requested.

I understand and agree that if I am employed, my employment is for no definite period of time and may be terminated at any time, with or without prior notice, at the option of either myself or the Company, and that no promises or representations contrary to the foregoing are binding on the Company unless made in writing and signed by me and the Company's President. I also agree that if I am employed, now or at any time in the future, my employment may be terminated at any time without liability to me for wages or salary except for such wages or salary which I earned prior to the date of my termination.

Please take a moment to review your application. Your signature below indicates that you have completed the application accurately to the best of your ability, and that you have read and agree to the above statement.

Signature Date Please print full name

This Company is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications.