



J.F. BOENTE SONS

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COMPLETE IN INK; USE OWN HANDWRITING

APPLICATION FOR EMPLOYMENT

LAST NAME	FIRST	MIDDLE	SOCIAL SECURITY NO.	DATE OF APPLICATION
ADDRESS - NO.	STREET	CITY	STATE	ZIP
PHONE NO.	ARE YOU LICENSED TO DRIVE IN THIS STATE? YES <input type="checkbox"/> NO <input type="checkbox"/>		DRIVER'S LICENSE # _____ STATE _____	
HAVE YOU EVER BEEN CONVICTED OF A CRIME OTHER THAN A TRAFFIC OFFENSE? YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, PLEASE EXPLAIN.				
HAVE YOU EVER WORKED FOR OR APPLIED FOR WORK WITH THIS COMPANY BEFORE? YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, PLEASE LIST LOCATION AND APPROXIMATE DATES.				
ARE YOU A U.S. CITIZEN/NATIONAL OR DO YOU HAVE LEGAL AUTHORIZATION TO WORK IN THE U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>				

MILITARY SERVICE

BRANCH OF SERVICE	INITIAL RANK	FINAL RANK
DATE ENTERED	DATE DISCHARGED	TYPE OF DUTY PERFORMED

EDUCATION AND TRAINING

SCHOOL	NAME AND LOCATION	FROM MO./YEAR	TO MO./YEAR	YEAR COMPLETED	DID YOU GRADUATE ?
GRAMMAR				7 8	
HIGH				1 2 3 4	
COLLEGE OR UNIVERSITY				1 2 3 4	
AUTOMOTIVE/ SALES TRAINING					
OTHER					

Continue on reverse side

WORK EXPERIENCE (List previous employers, starting with most recent, whether part or full-time.)

EMPLOYER	ADDRESS NO.	STREET	FROM	TO	JOB DESCRIPTION	SALARY RATE	REASON FOR LEAVING
	CITY	STATE	MO./YR.	MO./YR.	SUPERVISOR'S NAME		
1.							
TEL#							
2.							
TEL#							
3.							
TEL#							

MAY WE CALL YOUR PRESENT EMPLOYER NOW? YES NO IF NO, WHEN MAY WE CALL? _____

WHEN REQUIRED BY THE JOB, ARE YOU WILLING TO WORK WEEKENDS? YES NO SHIFTS? YES NO

REFERENCES (Give names of at least 3 PERSONS (local, if possible) who have known you over 3 years. Omit relatives.)

NAME	ADDRESS	BUSINESS/PHONE	HOW LONG KNOWN YOU?

I authorize _____ to verify all statements contained in this application and to make any necessary reference checks.

I understand that to get this job I must meet the physical requirements of the job.

In the event of my employment, I will furnish proof of my identity; proof of U.S. citizenship or other proof that I may legally accept such employment; and proof of date of birth.

I certify that all statements I have made in this application are true and agree that any false statements or omissions of facts called for may result in cancellation of my application for employment or immediate dismissal.

Signature of Applicant _____

Date _____

IN THE EVENT YOU ARE EMPLOYED, THE PERSON TO BE NOTIFIED IN CASE OF AN EMERGENCY

NAME	ADDRESS	HOME & BUSINESS PHONE	RELATIONSHIP