



THE  
GARVEY  
GROUP

Large-Format Facility - Niles, IL

## EMPLOYMENT APPLICATION

**WE ARE A DRUG AND ALCOHOL FREE WORKPLACE.** Drug/alcohol screening required for employment.

Position applied for: \_\_\_\_\_ Date: \_\_\_\_\_

Type of Employment:  Full Time  Part Time  Summer  Temporary

Name of Applicant: (First) \_\_\_\_\_ (Last) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Are you legally entitled to work in the United States?  YES  NO

Do you have a valid Driver's Licence?  YES  NO

### EDUCATION

High School Attended and Location: \_\_\_\_\_

Completed (circle one): 9 10 11 12 Date: \_\_\_\_\_

1. Community College/University Attended and Location: \_\_\_\_\_

Years Attended: \_\_\_\_\_ Year Graduated: \_\_\_\_\_ Degree: \_\_\_\_\_

2. Community College/University Attended and Location: \_\_\_\_\_

Years Attended: \_\_\_\_\_ Year Graduated: \_\_\_\_\_ Degree: \_\_\_\_\_

Major Subjects of Specialization: \_\_\_\_\_

Other Educational Training/Courses: \_\_\_\_\_

**EMPLOYMENT HISTORY** (list present or most recent positions first)

**1. Name of Employer:** \_\_\_\_\_ **Type of Business:** \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Department: \_\_\_\_\_ Your Position: \_\_\_\_\_ Duties: \_\_\_\_\_  
Name and Position of Immediate Supervisor: \_\_\_\_\_  
Date Employed: \_\_\_\_\_ Date Left: \_\_\_\_\_ Starting Salary: \_\_\_\_\_ Final Salary: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

**2. Name of Employer:** \_\_\_\_\_ **Type of Business:** \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Department: \_\_\_\_\_ Your Position: \_\_\_\_\_ Duties: \_\_\_\_\_  
Name and Position of Immediate Supervisor: \_\_\_\_\_  
Date Employed: \_\_\_\_\_ Date Left: \_\_\_\_\_ Starting Salary: \_\_\_\_\_ Final Salary: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

**3. Name of Employer:** \_\_\_\_\_ **Type of Business:** \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Department: \_\_\_\_\_ Your Position: \_\_\_\_\_ Duties: \_\_\_\_\_  
Name and Position of Immediate Supervisor: \_\_\_\_\_  
Date Employed: \_\_\_\_\_ Date Left: \_\_\_\_\_ Starting Salary: \_\_\_\_\_ Final Salary: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

**PLEASE READ CAREFULLY**

I hereby certify that to the best of my knowledge and belief the answers given by me to the foregoing questions and all statements made by me in the application are correct.

If employed, I agree that all material created and produced whether in written, graphic or broadcasting form, all inventions new or changes in processes developed during my employment are the exclusive property of the company to use and/or sell and that subsequent to my employment with this company I will not disclose, use or reveal any confidential information related to the company without first obtaining written consent from an officer of the company.

I hereby apply for employment upon the basis and understanding that such employment may be terminated at any time upon notice given to me personally or sent to my last known address.

I consent to \_\_\_\_\_ obtaining such personal and job-related information as required in connection with this for employment.

Signature \_\_\_\_\_ Date \_\_\_\_\_