

SHOW BUS

510 Hoselton Drive

Chenoa, IL 61726

Office: 815-945-8500 Fax: 815-945-7087

Date Received: _____

Personal Information

Last Name		First Name		Middle Name		Today's Date	
Street Address		City		State		Zip Code	
Home Phone: (____) _____ - _____				Are you a United States Citizen or legally eligible to work in the U. S.? ____ Yes ____ No <i>(if hired, you will be required to provide documentation that you are eligible to work in the U.S.)</i>			
Work Phone: (____) _____ - _____							
Other: (____) _____ - _____							
Are you 18 or over? ____ Yes ____ No							
Title of Position Applying For					Date Available to Work		
Have you been previously interviewed or employed by SHOW BUS? ____ Yes ____ No If Yes, list date(s) and job title(s):							
Are you employed now?			If so, may we contact your present employer?				

Education

Name and Location		# Years Completed	Major Area of Study	Degree/Diploma
High School				
College				
Graduate School				
Technical or Certificate Programs				

Employment History Please provide the following information for your previous three employers, beginning with the most recent: (Please attach an additional page if necessary, do not use "see attached resume".)

Employer:	Dates Employed: From _____ To _____	Job Title:
Address:		
Telephone:	Job Duties:	
Reason for Leaving:		

Employer:	Dates Employed: From _____ To _____	Job Title:
Address:		
Telephone:	Job Duties:	
Reason for Leaving:		

Employer:	Dates Employed: From _____ To _____	Job Title:
Address:		
Telephone:	Job Duties:	
Reason for Leaving:		

Describe your qualifications for the type of employment you are seeking: (Please include skills, special training, etc.)

Please list any special awards, honors, scholarships, or offices held.

References Please list names of supervisors, managers, or others who can comment directly on your abilities:				
Name	Address	Phone #	Relationship/Occupation	Years Known

If applying for Driver or Mechanic Position, Please indicate whether you hold the following valid drivers licenses:

Class A _____ Class B _____ Class C _____

Drivers License Number: _____ State Issued: _____

Election of Veteran's Preference

Do you wish to claim a veteran's preference? Yes No

If so please check the preference you are claiming.

Veteran (defined as person separated under honorable conditions who has served on active duty for at least 181 days, or honorably discharged by reason of disability incurred while on active duty).

Disabled Veteran (a veteran having a compensable service connected disability as adjudicated by the U.S. Veterans Administration or the retirement board of one of the branches of the Armed Forces which disability is currently existing).

Spouse of deceased veteran.

Spouse of disabled veteran who is unable to use preference due to disability.

Note: If you elect to use veteran's preference, please enclose proper documentation establishing your right to claim the preference.

Signature _____

Date _____

SHOW BUS is an equal opportunity employer. All employees and potential employees will be considered without regard to sex, race, religion, marital status, age, national origin, color, veteran status, or the presence of any sensory, physical, or mental disability which does not impair the ability to do the job. All applicants are carefully screened, and full consideration is given to their training, education, skills, aptitudes, experience, and previous work record. Our Equal Employment Opportunity policy applies to all aspects of employment, recruitment, selection, training, promotion, demotion, transfer, compensation and benefits, layoff, recall, and termination.

I certify that the facts set forth in this application for employment are true and complete to the best of my knowledge. I understand that if employed, false statements on this application shall be considered sufficient cause of dismissal. You are hereby authorized to make investigation of my personal references.

Signature of Applicant

Date