

EMPLOYMENT APPLICATION

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First Name			Middle Initial	L	_ast Name		Social Security N	Number	
Other name	es by which	you have be	Are you over the age of 18? (yes or no)						
Street Addr	ress		Apt No.						
City					State and Zip Code		E-mail Address		
Home Phone Cell Phon			ell Phone	Phone		Work Phone (if we may contact you there)		Preferred method of contact	
Do you re	quire comp	pany spons	orship to work in the	e U.S.?	(yes or no)				
Do you ha	ive any co	ntractual ol	oligations that prohil	oit you fr	rom seeking emp	oloyment witl	n Illinois Mutual?	(yes or no)	
What type of work or position are you seeking? Salar				Salary	requirements?	How/by whom were you referred to us?			
If your application is considered favorably, on what date will you be available to start work?						Will you consent to a background investigation?			
Dates of En From (MM/YY)	Employment Company Name and Location (MM/YY)		Job Title		Name and Phone Number of Supervisor		Reason for Leaving		
,,									
May we contact the employers listed above? (yes or no) If no, please indicate which one(s) you do not wish us to contact:									

Education History	Graduation Information						
Name of School and Location - Cit	Yes/No	Date (MM, YY)	Degree Achieved	Major o	of field of study		
High School:		(WIN, 11)					
College:							
Post-College:							
Trade or Business:							
Skills							
Languages Spoken (other than English):	Computer/So	oftware prog	rams you ha	ave used:			
Office machines you can operate:	- 1						
If known: Typing speed	ntry speed		Number of phone lines operated at once				
Professional References							
Professional References Name	Phone or e-m	ail address		Relation		Years known	
	Phone or e-m	ail address		Relation		Years known	
	Phone or e-m	ail address		Relation		Years known	
	Phone or e-m	ail address		Relation		Years known	
	Phone or e-m	nail address		Relation		Years known	
Name	Phone or e-m	ail address		Relation		Years known	
	rue and accurat be sufficient rea	e and that I h	eing hired o	no material misrepre or shall be grounds fo	or dismiss	s or omissions. I sal, if discovered	
Applicant Agreement and Signature I attest that all information provided is t understand that false statements shall at a later date. I also understand that the	rue and accurat be sufficient rea	e and that I h	eing hired o	no material misrepre or shall be grounds fo	or dismiss	s or omissions. I sal, if discovered	

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Via mail Illinois Mutual Attn: Human Resources 300 SW Adams Street Peoria, IL 61634

Or via fax

Illinois Mutual Human Resources Fax (309) 636-0122

Or via e-mail

hr@illinoismutual.com

Thank you for your employment application. Illinois Mutual is an equal opportunity employer and does not discriminate with regard to its employment decisions.

Internal Use Only – Hire Data								
Start Date Increase Date		te	Evaluation Date					
Department								
Position								
Starting Salary	;	Salary Class						