



EMPLOYMENT APPLICATION

First Name			Middle Initial	Last Name	Social Security Number																																																																								
Other names by which you have been known:					Are you over the age of 18? (yes or no)																																																																								
Street Address					Apt No.																																																																								
City				State and Zip Code	E-mail Address																																																																								
Home Phone		Cell Phone		Work Phone (if we may contact you there)	Preferred method of contact																																																																								
Do you require company sponsorship to work in the U.S.? (yes or no)																																																																													
Do you have any contractual obligations that prohibit you from seeking employment with Illinois Mutual? (yes or no)																																																																													
What type of work or position are you seeking?			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?																																																																									
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Dates of Employment</th> <th rowspan="2">Company Name and Location</th> <th rowspan="2">Job Title and Salary</th> <th rowspan="2">Name and Phone Number of Supervisor</th> <th rowspan="2">Reason for Leaving</th> </tr> <tr> <th>From (MM/YY)</th> <th>To (MM/YY)</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>		Dates of Employment		Company Name and Location	Job Title and Salary	Name and Phone Number of Supervisor	Reason for Leaving	From (MM/YY)	To (MM/YY)																																					<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Company Name and Location</th> <th>Job Title and Salary</th> <th>Name and Phone Number of Supervisor</th> <th>Reason for Leaving</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>				Company Name and Location	Job Title and Salary	Name and Phone Number of Supervisor	Reason for Leaving																								
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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 - City and State	Yes/No	Date (MM, YY)	Degree Achieved	Major of field of study
High School:				
College:				
Post-College:				
Trade or Business:				

Skills			
Languages Spoken <i>(other than English)</i> :	Computer/Software programs you have used:		
Office machines you can operate:			
If known:	Typing speed	Data Entry speed	Number of phone lines operated at once

Professional References			
Name	Phone or e-mail address	Relation	Years known

Applicant Agreement and Signature	
I attest that all information provided is true and accurate and that I have made no material misrepresentations or omissions. I understand that false statements shall be sufficient reason for not being hired or shall be grounds for dismissal, if discovered at a later date. I also understand that this application is not an offer of employment and that any potential employment is strictly on an at-will basis.	
Signature	Date

Completed application should be sent:

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	Evaluation Date
Department		
Position		
Starting Salary	Salary Class	