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521 N. Illinois St. | Atwood, IL USA 61913-9750

APPLICATION FOR EMPLOYMENT

(please print)

Harris Companies, Inc. is an equal opportunity employer and does not discriminate against applicants or employees on the basis of sex, race, color, religion, national origin, ancestry or age. In addition, the company does not discriminate against qualified individuals with disabilities.

Date of Application: _____ Position Applied for: _____

Name: _____ Telephone: _____
Last First Middle (XXX) XXX-XXXXAddress: _____
House Number, Street and/or Post Office Box City State Zip Code

On what date would you be available for work? _____

Are you over 18 years of age? _____ Yes _____ No

Have you ever been convicted of a violation of the law other than a minor traffic violation*? _____ Yes _____ No

Answering yes will not automatically bar you from obtaining a position. *Illinois applicants: Under Illinois law, applicants are not obligated to disclose sealed or expunged records of conviction or arrest.

If yes, please explain: _____

Have you filed an application with this company before? Yes No

If yes, give date: _____

If hired, proof of your identity and employment eligibility in the United States must be established by appropriate documentation at the time you begin work.

Signature: _____ Date: _____

Are you willing to work an irregular schedule, overtime, different shifts and/or weekends when necessary?

_____ Yes _____ No

If no, please explain: _____

EDUCATION:	Elementary	High	College/University	Graduate/Professional
School name				
Date				
Year complete/degree				
Describe course of study				
Military Service				

Describe specialized training, apprenticeships or other applicable skills; list professional, trade, business or civic activities and offices held. (You may exclude memberships that would reveal sex, race, religion, national origin, age, ancestry, disability or other protected status.)

REFERENCE RELEASE:

AUTHORIZATION TO OBTAIN REFERENCES

I give Harris Companies, Inc. the authorization to investigate my personal and/or employment background through necessary, appropriate legal means for the purposes of determining my eligibility for employment. This includes, but is not limited to, criminal record checks, background review and contacting of any previous employers and/or references listed on this form or otherwise provided by me. Previous employers and/or references have my full authorization to release such information in a lawful manner unless they are otherwise indicated here.

Note restrictions/exceptions: _____

EMPLOYMENT REFERENCES

Name: _____ Position/Title: _____

Company: _____ Phone: _____

Name: _____ Position/Title: _____

Company: _____ Phone: _____

Name: _____ Position/Title: _____

Company: _____ Phone: _____

PERSONAL REFERENCES

Name: _____ Phone: _____

Address: _____

Name: _____ Phone: _____

Address: _____

AUTHORIZATION TO PROVIDE REFERENCES

I give Harris Companies, Inc. the authorization to write a letter of reference or respond to a reference check on my behalf. Further, I discharge Harris Companies, Inc. from any and all liability associated with the release of information related to my employment.

I agree to the disclosure of this and other personal information for such purpose

☐ To all requests for references

OR

☐ Only to the following:

Name: _____ Position/Title: _____

Company: _____ Phone: _____

Name: _____ Position/Title: _____

Company: _____ Phone: _____

AND

☒ My consent does not expire

OR

☐ My consent expires on this date: _____

Signature of Applicant: _____

Date: _____

NOTES:

Applicant's Statement/Form Waiver:

I certify that all facts contained in the application are true and complete; I acknowledge that the company is relying on the accuracy of the information provided and that falsification, misrepresentation or omission of requested facts may result in denial of employment or, if employed, may result in immediate dismissal.

I understand that (1) the Company has a drug and alcohol policy that provides for pre employment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job related physical examinations.

In consideration of my employment, I agree to conform to the employment policies of Harris Companies, Inc I agree that my employment is "at will," is not to be for any specific duration, and that I may resign or be terminated at any time without advance notice or cause or the need of me or the foundation to follow any particular procedure. I also agree that my employment is not subject to any express, implied, or oral contract or promise and that the company's employee handbook and personnel-related documents as they now exist or may be issued or revised in the future, are not to be regarded as such by me. I further agree that no supervisor or manager Harris Companies, Inc. has any authority to make any oral or written promise or agreement inconsistent with the foregoing, other than the president of the organization, in writing, signed by him/her.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 180 days. If I wish to be considered for employment beyond this time period, I understand that I need to inquire as to whether or not applications are being accepted at that time.

Signature of Applicant

Printed Name of Applicant

Date

AUTHORIZATION FOR BACKGROUND CHECK

(Please read and sign this form in the space provided below. Your written authorization is necessary for completion of the application process.)

I, _____, hereby authorize _____ to investigate my background and qualifications for purposes of evaluating whether I am qualified for the position for which I am applying. I understand that _____ will utilize firm or firms to assist it in checking such information, and I specifically authorize such an investigation by information services and outside entities of the company's choice. I also understand that I may withhold my permission and that in such a case, no investigation will be done, and my application for employment will not be processed further.

Signature of Applicant or Employee

Date

Printed Name of Applicant or Employee

Applicant's Date of Birth _____

Applicant's Social Security Number _____

Submit