

# SOUTHWEST FIREPLACE EMPLOYMENT APPLICATION

9475 West Laraway Road, Frankfort, IL 60423 - 815-806-9700

It is the policy of Southwest Fireplace to provide equal employment opportunities to all applicants and employees without regard to any legally protected status such as race, color, religion, gender, national origin, age, disability or veteran status.

Position you are applying for: \_\_\_\_\_

Your Full Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Number of years at this address: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

Evening Phone: \_\_\_\_\_

Salary Desired: \$ \_\_\_\_\_ per \_\_\_\_\_

Have you applied to our company previously?  Yes  No

If yes, when? \_\_\_\_\_

Are you at least 18 years old?  Yes  No

Are you legally eligible for employment in the United States?  Yes  No

Are you willing to work any shift, including nights and weekends?  Yes  No

If no, please state any limitations:

\_\_\_\_\_

Referral Source: How were you referred to our company?

\_\_\_\_\_

How will you get to work? \_\_\_\_\_

If you are offered employment, when would you be available to begin work?

\_\_\_\_\_

Are you able to perform the essential functions of the job position with or without reasonable accommodation?  Yes  No

# EMPLOYMENT HISTORY

List your current or most recent employment first:

Employer Name: \_\_\_\_\_

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

City,State,Zip: \_\_\_\_\_

Job Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Dates of Employment (Month/Year): \_\_\_\_\_

Employer Name: \_\_\_\_\_

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

City,State,Zip: \_\_\_\_\_

Job Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Dates of Employment (Month/Year): \_\_\_\_\_

Employer Name: \_\_\_\_\_

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

City,State,Zip: \_\_\_\_\_

Job Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Dates of Employment (Month/Year): \_\_\_\_\_

## EDUCATION

Applicant's Education and Training: List your education and training.

High School Name and Address

\_\_\_\_\_  
Last Grade? \_\_\_\_ 9 \_\_\_\_ 10 \_\_\_\_ 11 \_\_\_\_ 12 Diploma?  Yes  No

College Name and Address

\_\_\_\_\_  
Did you receive a degree?  Yes  No If yes, degree received: \_\_\_\_\_

Other Training (graduate, technical, vocational):

\_\_\_\_\_  
Awards, Honors, Special Achievements:

\_\_\_\_\_

# SKILLS

Applicant's Skills: Check those skills that you have. List any other skills that may be useful for the job you are seeking. Enter the number of years of experience, and circle the number which corresponds to your ability for each particular skill. (One represents poor ability, while five represents exceptional ability.)

## Ability or Skill Years of Experience Rating

|                          |          |   |   |   |   |   |
|--------------------------|----------|---|---|---|---|---|
| <input type="checkbox"/> | Computer | 1 | 2 | 3 | 4 | 5 |
| <input type="checkbox"/> | AP/AR    | 1 | 2 | 3 | 4 | 5 |
| <input type="checkbox"/> | Forklift | 1 | 2 | 3 | 4 | 5 |
| <input type="checkbox"/> | Filing   | 1 | 2 | 3 | 4 | 5 |
| <input type="checkbox"/> | Sales    | 1 | 2 | 3 | 4 | 5 |
| <input type="checkbox"/> | Other    | 1 | 2 | 3 | 4 | 5 |

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References: List any two people who would be willing to provide a reference for you.

Name: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Relationship: \_\_\_\_\_

Name: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Relationship: \_\_\_\_\_

Who should be contacted if you are involved in an emergency?

Contact Name: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

Evening Phone: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_

What state issued your license? \_\_\_\_\_

Please provide any other information that you believe should be considered:

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# CERTIFICATION

I certify that the information provided on this Application is truthful and accurate. I understand that providing false or misleading information will be the basis for rejection of my Application, or if employment commences, immediate termination. I authorize Southwest Fireplace to contact former employers and educational organizations regarding my employment and education. I authorize my former employers and educational organizations to fully and freely communicate information regarding my previous employment, attendance, and grades. I authorize those persons designated as references to fully and freely communicate information regarding my previous employment and education.

If an employment relationship is created, I understand that unless I am offered a specific written contract of employment signed on behalf of the organization by its President, the employment relationship will be entirely voluntary in nature. In other words, with appropriate notice, I will have the full and complete discretion to end the employment relationship when I choose and for reasons of my choice. Similarly, my employer would have the same right. Moreover, no agent, representative, or employee of Southwest Fireplace, except in a specific written contract of employment signed on behalf of the organization by its President, has the power to alter or vary the voluntary nature of the employment relationship.

**I HAVE CAREFULLY READ THE ABOVE CERTIFICATION AND  
I UNDERSTAND AND AGREE TO ITS TERMS.**

Signature \_\_\_\_\_

Date \_\_\_\_\_