

ATLANTIC SERVICES, INC.

31 E. Hensley Road; Champaign, IL 61822
(217) 356-8665 ph www.atlanticsvcs.com

APPLICATION FOR EMPLOYMENT

Today's Date _____

FULL NAME: _____

Last

First

Middle

CURRENT ADDRESS: _____

Street & Number

City

State

Zip Code

Telephone Number: _____

If hired, can you provide proof of identity and authorization to work in the United States? _____
?Si empleado, puede proporcionar usted la prueba de identiy y autorizacion para trabajar en los Estados Unidos?

EDUCATION:

Circle Highest Grade Completed: Elem 6 7 8 High 9 10 11 12 College 13 14 15 16

DO YOU HAVE A VALID DRIVERS' LICENSE? _____ License # _____

Please List any Tickets/Violations on your Driving record during the last 10 years: _____

EMPLOYMENT EXPERIENCE:

Current Employer: _____

Address: _____ Telephone Number: _____

Reason for Leaving: _____

Dates Employed: _____ FROM _____ TO _____ Hourly Wage _____

Prior Employer: _____

Address: _____ Telephone Number: _____

Reason for Leaving: _____

Dates Employed: _____ FROM _____ TO _____ Hourly Wage _____

Have you been convicted of a misdemeanor or felony? _____ ---->next page--->

If yes, give details, including date, location (city), nature of offense and disposition.

REFERENCES:

Please give name, address and telephone number of two references who are not related to you:

1. _____ 2. _____

Social Security Number: _____

Day of Birth (1st thru 31st) _____

Month of Birth _____ (Please do NOT list year)

SIGNATURE:

READ CAREFULLY BEFORE SIGNING!!

I certify that the statements and information furnished by me in this application are true and correct. I understand that omitted, false or misstated statements on this application are grounds for refusal to hire, or dismissal, at any time the company becomes aware of the omitted, falsified, or misstated information. I hereby authorize Atlantic Services, Inc. to conduct a background inquiry to verify the information on this application and any company form completed by me. I authorize all previous employers or other persons who have knowledge of me or my records, to release such information to Atlantic Services, Inc.

Certifico que las aclaraciones y la informacion amuebladas por mi en esta aplicacion son verdad y correcto. Entiendo que las declaraciones omitida, falsas o expuesta mal en esta aplicacion son el motivo para la negative para emplear, o el despido, en tiempo que la compania advierte la informacion omitida, falsificada o expuesta mal. Yo por la presente autorizo los Servicios Atlanticos, S.A. realizar una indagacion del fondo para verificar la informacion en esta aplicacion y cualquier forma de la compania completados por mi. Autorizo todos empleadores previos o a otras personas que tienen el conocimiento de mi o de mis registros, para liberar tal informacion los Servicios Atlanticos, S.A.

My Signature Certifies That I have Read and Agree With the Above Statements.

Date of Application: _____
La Fecha ole la aplicacion

Signature of Applicant: _____
La Firma de Solicitante

FOR WORK UNIFORM INFORMATION: **PANT SIZE:** ___ x ___ **SHIRT SIZE:** _____
waist x length