



4007 West Jackson Street
Macomb, IL 61455
309/833-1000
Fax: 309/833-3264

EMPLOYMENT APPLICATION

Please print ALL information.

Today's Date: _____

Last Name: _____ First Name: _____ M.I. _____

Address: _____

City: _____ State: _____ Zip: _____

Drivers License# _____ Soc. Security # _____

Birthdate: _____ Email Address: _____

Contact Phone # _____ Other Phone# _____

Position Applied For: _____

Salary or Hourly Rate expected: _____ (Circle one) week hour

Have you ever been employed by us before? Yes No If yes, date: _____

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you 18 years or older? Yes No

Are you prevented from lawfully becoming employed
in this country due to Visa or Immigration status? Yes No

(Proof of citizenship or immigration status is required upon employment.)

Are you available to work? Full-Time Part-time Temporary

Date you can begin to work: _____

Have you been convicted of a crime within the last seven years? Yes No

(Other than a traffic violation.) (Conviction will not necessarily disqualify an applicant from employment)

If Yes, please explain: _____

Please print ALL information

APPLICATION FOR EMPLOYMENT

EDUCATION

School Address	Credits Earned	Major	Diploma/Degree
High School:			
College:			
Technical/Other:			

Please list below all present and past employment, beginning with your most recent. All times must be accounted for whether employed or not. Attach an additional sheet if necessary.

Name & Address of Company and Type of Business	From		To		Describe in detail work you did and your title	Weekly Start Salary or Hourly Rate	Weekly End Salary or Hourly Rate	Reason for Leaving	Name, Title & Phone Number of Your Supervisor
	MO	YR	MO	YR					

PERSONAL REFERENCES WHO ARE NOT RELATIVES:

Name: _____ Company: _____ Phone: _____
Address: _____ Relationship: _____
City/State/Zip _____

Name: _____ Company: _____ Phone: _____
Address: _____ Relationship: _____
City/State/Zip _____

Name: _____ Company: _____ Phone: _____
Address: _____ Relationship: _____
City/State/Zip _____

Briefly describe any duties performed or skills acquired through military or volunteer service. Include dates. Use other side of this sheet if needed.

Applicant's Statement and Conditions of Employment

(Please read carefully before signing.)

I understand that an investigative consumer report involving information concerning my character, employment history, general reputation, police record, personal habits, mode of living, credit rating and indebtedness may be obtained prior to any final offer of employment. Upon a timely written request to the personnel department of the company, the nature and scope of the report will be disclosed to me.

I certify that the answers given by me in this employment application are true, correct and complete. I agree that the company shall not be liable, in any respect, if my employment is terminated because of misstatements or pertinent omissions made by me in this application. Moreover, I understand that all offers of employment are contingent upon passing the company's prescribed drug screening.

I agree, as a condition of my employment (should I be employed by the Hollister Home Center), to submit to a medical examination if requested and based on the position that I accept, I further agree to the search or examination of myself or personal property while on the company's premises or while conducting its business elsewhere. I also authorize any company, school, police or security personnel, or other person to give any information regarding my employment, habits, ability, or any other characteristics whatsoever, together with any information they have regarding me whether or not it is in their records. I hereby release all physicians, examiners, companies, schools or other persons from liability for any damages whatsoever for such testing, examining or issuing this information. It is agreed and understood that completion of this application does not mean a job opening exists and in no way obligates the company to employ me.

In the event of employment, I will comply with all company rules and regulations as established from time to time including the company's substance abuse policy. I am willing to work all assigned overtime or other special work assignments as requested by the company. Furthermore, since the company does not offer contracts of employment (unless signed by the President), I understand that nothing contained herein is intended to create a contract between the company and me for either employment or the provision of any compensation or benefits. I understand that I have the right to terminate my employment at any time and likewise, the company has the same right.

I hereby understand and acknowledge that any employment relationship with this Company is of an "At-Will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time, with or without notice, and with or without cause. It is further understood that this "At-Will" employment relationship may not be changed by any written document or by verbal agreement unless such change is specifically acknowledged in writing by an authorized Executive of this Company. I also understand that Hollister Home Center retains the right to amend, modify, add or delete any or all policies or procedures at its sole and absolute discretion.

During my employment with Hollister Home Center and after my employment ends, I agree not to disclose any confidential or proprietary information regarding operating and trade secrets. I further agree that with respect to any civil litigation involving Hollister Home Center in which I am a potential witness and which does not involve an actual or potential claim by me personally, I will not discuss the facts of the case with any third parties without first notifying Hollister Home Center or unless a representative or attorney of Hollister Home Center is present. A copy of this form may be used as the original. The use of results from this form and/or tests will be used for prudent employment decisions.

Applicant's Signature: _____ Date: _____