

□P.O. Box 410 Kansas, IL 61933 □303 S. Sixth St. Marshall, IL 62441 □#1 Sixth St. Charleston, IL 61920 □2403 Lakeland Blvd. Mattoon, IL 61938 □401 E. Decatur Newton, IL 62448

□508 W. Williams St. Danville, IL 61832 □600 W. Main Casey, IL 62420 □349 N. Market St. Paxton, IL 60957 □201 E. Washington Mahomet, IL 61853

Attach When Applicable Appendix O_ Appendix F_

EMPLOYMENT APPLICATION

We adhere to the Illinois Drug Free Workplace Act. Federal and/or State law prohibits discrimination on the basis of race, color, religion, sex, national origin, age, or disability.

				Арр	olican	t Information				
Full Name:	Last			Firs	t		Da	ate:		
Address: _	Street Add	ress					Apartment/Unit	:#		
- Phone: <u>(</u>	City)				E	-mail Address:	State	ZIP Coo	le	
Social Secu	rity No.:		Date Ava	ailable	:		Desired Salary:	\$		
Position App	olied for:									
Are you 18 \	Yrs. Or Ol	der?		′ES □ ′ES	NO D NO	Are You 21	1 Yrs. Or Older?		YES	
Have you ever applied with this company?										
Are you rela employed w		one currently mpany?		′ES	NO	Date of Birth:				
If yes, please state name:						Referred I	By:			

		Educ	ation			
High School:		Address:				
From:	То:	Did you graduate?	YES	NO	Degree:	
College:		Address:				
From:	То:	Did you graduate?	YES		Degree:	
Other:		Address:				
	To:		YES		Degree:	
Subjects of special study or research work Describe any special skills you have which relate to position sought						

Please list three pers	sonal references.	References			
		Relatio	nship:		
		Relatio			
Company:			Phone:	()	
Address:					
		Relatio			
Company:			Phone:	()	
Address:					
		Previous Employ			
Company:)	
		Starting Salary:			
Responsibilities:					
From:	То:	_ Reason for Leaving:			
	previous supervisor for	YES	NO		
Compony			Phono: (N	
		Starting Colory 4		Ending Salary:	¢
Responsibilities:					
From:		_ Reason for Leaving: YES	NO		
way we contact your	previous supervisor for	a reference?			
Company:			Phone: ()	
Address:			Supervisor:		
Job Title:		Starting Salary:	6	Ending Salary:	\$
Responsibilities:					
From:	То:	_ Reason for Leaving:			
May we contact your	previous supervisor for	a reference?			

If offered a position with this company, you must produce legally required documentation demonstrating your eligibility to work in the United Sates and establishing your identity before you can begin employment. This company affords equal opportunity to all qualified persons, and no person shall be discriminated against in employment because of age, race, color, religion, sex national origin or disability. If you believe you have been discriminated against for any of the above reasons in consideration of your job application, please notify the President of Kirchner Building Centers at P.O. Box 410, Kansas, IL 61933. It is also your right to notify the Equal Employment Opportunity Commission, Washington, D.C., or any appropriate local or state agency, of your complaint.

Please review your application and read this paragraph carefully. When you have done so, please indicate by signing below. I authorize investigation of all statements contained in this application and supplemental appendices. I understand that misrepresentation or omission of facts called for is cause for dismissal. I recognize that this application is not an offer for a contract of employment. I further recognize and agree that if I am employed by the company, such employment will not result in a contract for employment and that the company may terminate my services at any time for any reason. I further recognize if I am employed by the company that I will receive compensation and benefits, and be subject to rules and regulations, but I agree that such compensation, benefits, rules and regulations are subject to change by the company at any time with or without notice to me. I further recognize that nothing contained in any documents published by the company shall in any way modify the above terms and that these terms cannot be modified in any way by any oral or written representations made by anyone employed by the company except in writing by the President, Vice President of Operations or the manager. I understand and agree that if I am offered employment, that employment may be conditional upon my taking and passing a drug and alcohol test and/or a medical examination, as given to all entering employees in the same job category.

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature:

Date:

SUPPLEMENT TO GENERAL APPLICATION

NAME:		D	ATE:
List Previous Home Address (past	5 years)		
Address	Date From	To	Owned/Rented
Have you ever been discharged fr	om previous en	ployment?	
Explain:			
Have you ever been self-employed	d?	Currently?	
Will you be engaged in other empl	oyment?		
Explain, if yes:			
Have your actions ever caused yo or property at previous employment			shortages of funds
Explain, if yes:			
Have you ever been convicted of a	a crime?		
Explain, if yes:			
Have you ever been refused a bor employment or self-employment?			
Explain, if yes:			
I understand that any false informa Supplement can result in immedia employment, I consent to and auth this application, and expressly wai its officers, agents, and employees that this application is not an offer above.	te termination. horize investigative all claims ag s resulting from	In the event tion of stater jainst Kirchn such investi	I am offered nents made by me in er Building Centers, gation. I understand

SUPPLEMENT TO GENERAL APPLICATION

NAME:	DATE:			
Current Motor Vehicle Operators License Num	ber:			
State of Issue:				
Previously Licensed State:				
Restrictions to License:				
Attach photocopy (Legible) And motor vehicle dri				
Has your license ever been:	Revoked?			
	Suspended?			
	Date:			
	Location:			
Explain reason:				
List vehicle accidents in last 5 years:				
List moving violations in last 5 years:				
Have you ever been convicted of drunken drivi	ng?			
Reckless driving? Vehicular homicide?				
If yes, give dates and description:				
Have you taken any defensive driving courses?				