



225 South Maple St.
 PO Box 457
 Morton, IL 61550
 Office: (309)263-2000
 Fax: (309)236-8300

FOR OFFICE USE ONLY

Date of Interview: _____
 Physical: _____
 Orientation: _____

We consider applicants for all positions on the basis of qualifications and without regard to race, color, religion, sex, national origin, age, marital status, veteran status, disability, sexual orientation, use of lawful products during non-work hours and any other legally protected status.

Instructions: Complete all necessary information. You may be asked or need to provide additional information on a separate form. Be sure to sign and date the application. Please print neatly.

Personal Information

Full Name	Social Security Number	Date of Birth
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Telephone Number	Alternate Number
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Drivers License Number	Class and Endorsements	State	Expiration Date
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List addresses of residency for the past three (3) years.

Current Address	City and County	State	Zip
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Previous Address	City and County	State	Zip
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Position Applied for:	Shift Preferred (Please circle) 1 2 3 Any	<input type="radio"/> Full-Time <input type="radio"/> Part-Time	Date Available:
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Have you ever been employed with us before?	<input type="radio"/> Yes <input type="radio"/> No	If so, When?
Do you have the legal right to work in the United States?	<input type="radio"/> Yes <input type="radio"/> No	
Are you of legal age to work?	<input type="radio"/> Yes <input type="radio"/> No	
Have you worked for this company before?	<input type="radio"/> Yes <input type="radio"/> No	If so, When?
Have you been convicted of or pleaded no contest to a crime within the last five years?	<input type="radio"/> Yes <input type="radio"/> No	
If yes, when and where?		
Is there any reason you might be unable to perform the functions of the job for which you have applied?	<input type="radio"/> Yes <input type="radio"/> No	
If yes, explain if you wish		
How/who referred to you to Fort Transfer?		

Educational Background

Grammar School:

Name		
Address		
Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Degree or Diploma	Date

High School:

Name		
Address		
Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Degree or Diploma	Date

College:

Name				
Address				
Course of Study	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Degree or Diploma	Date	GPA

Graduate School:

Name				
Address				
Course of Study	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Degree or Diploma	Date	GPA

Vocational Training or other:

Name				
Address				
Course of Study	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Degree or Diploma	Date	GPA

Employment History

List last (most recent) employer first, including U.S. Military Service.

Employer:

Name			From (mm/yyyy)	To (mm/yyyy)
Address			Position Held	
City	ST	ZIP	Salary/Wage	
Contact Person	Phone Number		Reason for Leaving	
Description of Duties				

May we contact your present (most recent) employer? Yes No

Employer:

Name			From (mm/yyyy)	To (mm/yyyy)
Address			Position Held	
City	ST	ZIP	Salary/Wage	
Contact Person	Phone Number		Reason for Leaving	
Description of Duties				

Employer:

Name			From (mm/yyyy)	To (mm/yyyy)
Address			Position Held	
City	ST	ZIP	Salary/Wage	
Contact Person	Phone Number		Reason for Leaving	
Description of Duties				

Employer:

Name			From (mm/yyyy)	To (mm/yyyy)
Address			Position Held	
City	ST	ZIP	Salary/Wage	
Contact Person	Phone Number		Reason for Leaving	
Description of Duties				

Employer:

Name	From (mm/yyyy)	To (mm/yyyy)
Address	Position Held	
City	ST	ZIP
Contact Person	Phone Number	Reason for Leaving
Description of Duties		

Specialized Skills & Qualifications

Please list any specialized training, skills, or certifications you've obtained that you feel are relevant to the job for which you are applying:

TO BE READ AND SIGNED BY APPLICANT

The facts set forth in my application are true and complete. I understand that, if employed, false statements on this application will be considered sufficient cause for dismissal. I hereby authorize Fort Transfer Company or its agents to make an investigation of my employment and personal history through any investigative or credit agencies of its choice. I understand, also, that I am required to abide by all rules and regulations of Fort Transfer Company.

I also understand that neither this application nor a commitment of employment by Fort Transfer Company constitutes a contract of employment. If a contract is to exist, that document will be executed in writing by Fort Transfer Company. I understand that this application for employment is valid for no more than 30 days. After that, I must resubmit an application in order to be considered for positions at Fort Transfer Company. I agree, if hired, to furnish such additional information and complete such examinations as may be required to complete my employment file.

X
Applicant's Signature

Date