

# AGS Employment Application Form

**APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS**

PLEASE COMPLETE PAGES 1-4

DATE: \_\_\_\_\_

Name: \_\_\_\_\_  
FIRST LAST MIDDLE MAIDEN

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

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

How long at address: \_\_\_\_\_ Social Security #: \_\_\_\_\_

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

If Under 18, please list age: \_\_\_\_\_

Position applied for: \_\_\_\_\_

Are you able to work 40 hours per week/full time?  Yes  No

Are you able to work overtime hours on occasion?  Yes  No

Are you interested in work/study employment? (for students only):  Yes  No

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (COMPLETE MAILING ADDRESS)	NUMBER OF YEARS COMPLETED	MAJOR OR DEGREE
HIGH SCHOOL				
COLLEGE				
BUS. OR TRADE SCHOOL				
PROFESSIONAL SCHOOL				

HAVE YOU BEEN CONVICTED OF A CRIME :  Yes  No

If yes, please explain conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation:



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## MILITARY SERVICE

HAVE YOU EVER BEEN IN THE ARMED FORCES?  Yes  No

ARE YOU NOW A MEMBER OF THE NATIONAL GUARD?  Yes  No

Specialty: \_\_\_\_\_ Date Entered: \_\_\_\_\_ Discharge Date: \_\_\_\_\_

## WORK EXPERIENCE

Please list your work experience for the **past five years** beginning with your most recent job held. If you were self-employed, give firm name.

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

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

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

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

NAME OF LAST SUPERVISOR	EMPLOYMENT DATES	PAY OR SALARY
	From:	Start:
	To:	Final:
Your Last Job Title:		

Reason for leaving (be specific):

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company:

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

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

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

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

NAME OF LAST SUPERVISOR	EMPLOYMENT DATES	PAY OR SALARY
	From:	Start:
	To:	Final:
Your Last Job Title:		

Reason for leaving (be specific):

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company:

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## WORK EXPERIENCE CONTINUED

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

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

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

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

NAME OF LAST SUPERVISOR	EMPLOYMENT DATES	PAY OR SALARY
	From: _____ To: _____	Start: _____ Final: _____
Your Last Job Title: _____		

Reason for leaving (be specific):

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company:

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

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

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

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

NAME OF LAST SUPERVISOR	EMPLOYMENT DATES	PAY OR SALARY
	From: _____ To: _____	Start: _____ Final: _____
Your Last Job Title: _____		

Reason for leaving (be specific):

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company:

May we contact your present employer?  Yes  No

Did you complete this application yourself?  Yes  No

If not, who did? \_\_\_\_\_



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DO YOU HAVE A DRIVER'S LICENSE?  Yes  No

What is your means of transportation to work? \_\_\_\_\_

Driver's License # : \_\_\_\_\_ State of Issue: \_\_\_\_\_  Operator  CDL  Chauffeur

Expiration date: \_\_\_\_\_

Have you had any accidents during the past three years?  Yes  No How many? \_\_\_\_\_

Have you had any moving violations during the past three years?  Yes  No How many? \_\_\_\_\_

Please list two references other than relatives or previous employers:

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

Position: \_\_\_\_\_ Position: \_\_\_\_\_

Company: \_\_\_\_\_ Company: \_\_\_\_\_

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

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

An application form sometimes makes it difficult for an individual to adequately summarized a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.