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EMPLOYMENT APPLICATION
 AN EQUAL OPPORTUNITY EMPLOYER

PERSONAL INFORMATION

NAME (First, Middle, Last):

Date:

COMPLETE ADDRESS:

Are you 18 years or older?

Phone:

Cell:

Are you legally able to work in the U.S.A.? Yes No

If hired, you will be required to show that you are authorized to work in the U.S. and to furnish proof of this within 3 days of hire on an I-9 form. Can you do this? Yes No

Wage/Salary Requirements \$

If the job needs it do you have a valid driver's license? Yes No

Have you signed a non-compete agreement or employment contract, which is still in effect at your current/prior employer(s)? Yes No If yes, describe the terms or restrictions:

EMPLOYMENT DESIRED

POSITION

DATE YOU CAN START

I desire to work: FULL TIME PART TIME TEMPORARY

I PREFER to work what shift(s)? DAY SHIFT EVENING SHIFT ANY SHIFT

What hours can you work?

From	To	From	To
Monday		Friday	
Tuesday		Saturday	
Wednesday		Sunday	
Thursday		Holidays	

Do you need time off in May? Please note we are open on holidays and weekends.

Are you employed now? Yes No If yes, may we inquire of your current employer? Yes No

JOB REQUIREMENTS

Have you ever worked for a company in our industry before? Yes No If yes, when?
What company? What State?

Why do you want to work for our company?

What behaviors are needed to be successful in this job? (Please list 5 or more)

Can you consistently lift at least 40 pounds? Yes No

EDUCATION

NAME OF SCHOOL LOCATION # OF YRS GRADUATED? DEGREE
HIGH SCHOOL

COLLEGE

OTHER

MILITARY SERVICE

U.S. Military Yes No National Guard Yes No Branch: Rank:

Active now? Yes No Position Title or Summary:

EMPLOYMENT HISTORY

List your last three (3) employers, assignments or volunteer activities, starting with the most recent, including military experience. **Explain any gaps in employment in the comment section below.**

Employer
Hourly rate/salary \$
Employer Address
Your Job Title
Reason for Leaving

Dates of employment:
Employer Phone
Supervisor Name
Summarize the job performed

Employer
Hourly rate/salary \$
Employer Address
Your Job Title
Reason for Leaving

Dates of employment:
Employer Phone
Supervisor Name
Summarize the job performed

Employer
Hourly rate/salary \$
Employer Address
Your Job Title
Reason for Leaving

Dates of employment:
Employer Phone
Supervisor Name
Summarize the job performed

Comments, including explanation of gaps of employment, excluding gaps based on pregnancy, health-related reasons, or workers' compensation disability.

What activities do you enjoy?

PLEASE READ CAREFULLY BEFORE SIGNING

I certify that all the information submitted by me on this application is true, correct and complete. I understand that if any false information, omissions, or misrepresentations on this form or provided in any interview are discovered, my application may be rejected, and if I am employed, my employment may be terminated at any time. In consideration of my employment, I agree to conform to the company's rules, regulations and Supervisor's directions. I understand that this Application for Employment and other Company documents are not contracts of employment. I agree that if I am employed, my employment is at-will, and that my employment, compensation or benefits can be changed or terminated, with or without cause or reason, and with or without notice, at either my or the company's option. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause or reason, and with or without notice, at any time by the company. I understand that no company representative, other than the President, and then only in writing and signed by both of us, has any authority to enter into any agreement for employment for any specific period of time or to make any agreement contrary to the forgoing. I further authorize the Company to investigate my references, personal history, work record, and other matters related to my suitability for employment, as well as credit or criminal records checking. I authorize all of this information to be provided to the company or their agent and release them from any and all claims, demands or liability arising out of or in any way related to such investigation or disclosure. I understand that if hired I may be required to pass a criminal history records check. Also, if required, I agree to complete, fully participate in and pass a drug and/or alcohol test. Please note that this application is considered current for sixty (60) days. After 60 days, it is necessary to complete another application form in order to be considered for employment.

Applicant's Signature

Date Signed