

The Bromley Group of Companies

910 South Third Street
Champaign, IL 61820-6195
217-384-6111

Application for Employment

The Bromley Group of Companies is an equal opportunity employer and does not discriminate on the basis of race, color, religion, sex, national origin, age, disability or any other protected status in accordance with applicable local, state and federal laws.

PLEASE PRINT

Social Security # _____ Date _____

Name _____
Last First MI

Position(s) applied for _____

For checking prior work/educational records, list all LAST names you have been known as _____

Address _____
Street City State Zip

Telephone _____ Mobile _____

E-mail (if applicable) _____

If you are under 18, and it is required, can you furnish a work permit?..... Yes No

If no, please explain _____

Have you ever worked for the company before? Yes No

Have you ever applied for the company before? Yes No

Are you legally eligible for employment in this country? Yes No
(Proof of citizenship or immigration status will be required upon employment.)

Date available for work _____

Type of employment desired: Full time Part-Time Temporary Seasonal

Are you able to perform the essential requirements of the job? Yes No

Employment History

Provide the following information for your past four (4) employers, assignments or volunteer activities, starting with the most recent.

1	EMPLOYER	FROM MO. YR.	STARTING SALARY	JOB TITLE	REASON FOR LEAVING (Please Explain)
NAME OF COMPANY			\$	DESCRIBE YOUR JOB DUTIES	
ADDRESS		TO MO. YR.	ENDING SALARY		
CITY, STATE, ZIP			\$		
PHONE NO.		TYPE OF BUSINESS			
EXPLAIN ANY PERIOD BETWEEN JOBS					MAY WE CONTACT EMPLOYER? [] YES [] NO
2	EMPLOYER	FROM MO. YR.	STARTING SALARY	JOB TITLE	REASON FOR LEAVING (Please Explain)
NAME OF COMPANY			\$	DESCRIBE YOUR JOB DUTIES	
ADDRESS		TO MO. YR.	ENDING SALARY		
CITY, STATE, ZIP			\$		
PHONE NO.		TYPE OF BUSINESS			
EXPLAIN ANY PERIOD BETWEEN JOBS					MAY WE CONTACT EMPLOYER? [] YES [] NO
3	EMPLOYER	FROM MO. YR.	STARTING SALARY	JOB TITLE	REASON FOR LEAVING (Please Explain)
NAME OF COMPANY			\$	DESCRIBE YOUR JOB DUTIES	
ADDRESS		TO MO. YR.	ENDING SALARY		
CITY, STATE, ZIP			\$		
PHONE NO.		TYPE OF BUSINESS			
EXPLAIN ANY PERIOD BETWEEN JOBS					MAY WE CONTACT EMPLOYER? [] YES [] NO
4	EMPLOYER	FROM MO. YR.	STARTING SALARY	JOB TITLE	REASON FOR LEAVING (Please Explain)
NAME OF COMPANY			\$	DESCRIBE YOUR JOB DUTIES	
ADDRESS		TO MO. YR.	ENDING SALARY		
CITY, STATE, ZIP			\$		
PHONE NO.		TYPE OF BUSINESS			
EXPLAIN ANY PERIOD BETWEEN JOBS					MAY WE CONTACT EMPLOYER? [] YES [] NO

Educational Background

EDUCATION TYPE OF SCHOOL	NAME AND ADDRESS OF SCHOOL	MAJOR SUBJECT	CIRCLE LAST YEAR ATTENDED	GRADUATED	DEGREE
HIGH SCHOOL			9 10 11 12	[] YES [] NO	
COLLEGE			1 2 3 4	[] YES [] NO	
GRADUATE SCHOOL			1 2 3 4	[] YES [] NO	
BUSINESS, TRADE, OTHER			1 2 3 4	[] YES [] NO	

List any other experience, training, skills, licenses, and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying. Please indicate any prior military service which you would like considered in connection with your application for employment: _____

References

NAME	TELEPHONE	RELATIONSHIP	YEARS KNOWN

Please Read Before Signing the Following Affidavit

The information contained in this application is accurate and complete to the best of my knowledge and belief. I understand that if I am employed, any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate discharge from the employer's service, whenever it is discovered.

In connection with my application for employment, I understand and agree that background inquiries may be requested by you or on your behalf that will seek information as to my character, work habits, including oral assessments of my job performance, experiences and abilities, along with reasons for termination of past employment. Furthermore, I understand and agree that you may request information from various federal, state, and other agencies, including public and private sources which maintain records concerning my past activities relating to my driving record, credit history, criminal record, civil matters, previous employment, educational background, and other past experiences. I hereby release from liability the employer and its representatives for seeking, gathering and using such information and all other persons, corporations or organizations for furnishing such information. Finally, I understand and agree that I am not obligated to disclose sealed or expunged records of convictions or arrests, and that you are prevented from asking whether I have had records expunged or sealed.

I understand that the employer does not unlawfully discriminate in employment and no questions on this application are used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state or federal law. I understand it is this company's policy not to refuse to hire a qualified individual with a disability because of that person's need for a reasonable accommodation as required by the ADA. I also understand that if I am hired, I will be required to provide proof of identity and legal work authorization.

If I am hired, I understand that I am required to abide by all rules and regulations of the Bromley Group of Companies and to comply with all policies and procedures in the employee handbook, any policy or procedure manual, or other communications to employees. I further understand that policies and procedures of the Bromley Group of Companies and all employment terms and conditions are subject to modifications without notice.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specific period or definite duration. I understand that no representative of the employer, other than an authorized officer has the authority to make any assurances to the contrary. I further understand that any such assurances must be in writing and signed by an authorized officer.

I represent and warrant that I have read and fully understand the foregoing and seek employment under these conditions.

Signature of Applicant _____ Date _____

Employment Reference Release

By signing this release, I am voluntarily requesting and authorizing my former employers to disclose to The Bromley Group of Companies any employment-related information that it, in its sole discretion and judgment, may determine is appropriate to disclose, including any personal comments, evaluations, or assessments that The Bromley Group of Companies may want to know about my performance or behavior as an employee.

I agree to release and discharge my former employers from all claims, liabilities, and causes of action, known or unknown, fixed or contingent, that arise from or that are in any manner connected to the disclosure of employment-related information to The Bromley Group of Companies. This release includes, but is not limited to: (1) the dates of employment, (2) descriptions of the jobs performed, and (3) salary or wage rates, and (4) any claims of defamation, libel, slander, negligence, or employee misconduct.

I acknowledge that I have carefully read and fully understand the provisions of this release. I further acknowledge that I was given the opportunity to consult with an attorney or any other individual of my choosing before signing this release and that I have decided to sign this release voluntarily and without coercion or duress by any person.

This release sets forth the entire agreement between The Bromley Group of Companies and me, and I acknowledge that I have not relied upon any representation or statement, written or oral, not set forth in this release.

Signed: _____ Date _____
(By Applicant)

APPLICANTS: DO NOT FILL IN THE BLANKS BELOW THIS LINE

COMPANY USE ONLY:

Location: _____ Department: _____

Employment Date: _____ Employment Status (FT, PT, Temp.) _____

Job Title: _____ Hourly Rate: _____

Gender: _____ Date of Birth: _____ EEOC: _____

Emergency Notification: _____ Relationship: _____

Emergency Phone #: _____

Approved By: _____ Date: _____

_____ Federal W-4

_____ Parking Agreement

_____ State W-4

_____ Handbook Acknowledgement

_____ I-9