# 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 recor  | ds, list all LAST names you have been kno | wn 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 be  | fore?                                     |          | Yes | No |
| Have you ever applied for the company bef  | fore?                                     |          | Yes | No |
| Are you legally eligible for employment in a<br>Proof of citizenship or immigration status will be |   |          | Yes | No |
| Date available for work  |   |          |     |    |
| Type of employment desired:  | Il time Part-Time Temporary               | Seasonal |     |    |
| Are you able to perform the essential requi  | irements of the job?                      |          | Yes | No |

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## **Employment History**

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

| 1       | EMPLOYER                     | FROM<br>MO. YR.     | JOB TITLE                | REASON FOR LEAVING (Please Explain)        |  |
|---------|------------------------------|---------------------|--------------------------|--|--|
| NAN     | ME OF COMPANY                |                     | DESCRIBE YOUR JOB DUTIES |  |  |
| ADE     | DRESS                        | TO<br>MO. YR.       |                          |  |  |
| CIT     | Y, STATE, ZIP                | IVIO. TK.           |                          | NAME & TITLE OF IMMEDIATE SUPERVISOR       |  |
| PHC     | NE NO.                       | TYPE OF<br>BUSINESS |                          | SUPERVISOR                                 |  |
|         | LAIN ANY PERIOD<br>WEEN JOBS | DOSINESS            |                          | MAY WE CONTACT<br>EMPLOYER? [ ] YES [ ] NO |  |
| 2       | EMPLOYER                     | FROM<br>MO. YR.     | JOB TITLE                | REASON FOR LEAVING (Please Explain)        |  |
| VAN     | TE OF COMPANY                | INO. TK.            | DESCRIBE YOUR JOB DUTIES | (Floase Explain)                           |  |
| ADDRESS |                              | TO<br>MO. YR.       |                          |  |  |
| CIT     | Y, STATE, ZIP                | INO. TK.            |                          | NAME & TITLE OF IMMEDIATE SUPERVISOR       |  |
| PHC     | NE NO.                       | TYPE OF<br>BUSINESS | L                        | - SOI ERVISOR                              |  |
|         | LAIN ANY PERIOD<br>WEEN JOBS | DOSINESS            |                          | MAY WE CONTACT<br>EMPLOYER? [ ] YES [ ] NO |  |
| 3       | EMPLOYER                     | FROM<br>MO. YR.     | JOB TITLE                | REASON FOR LEAVING (Please Explain)        |  |
| NAN     | ME OF COMPANY                |                     | DESCRIBE YOUR JOB DUTIES | ( 3333 2 p.s ,                             |  |
| ADE     | PRESS                        | TO<br>MO. YR.       |                          |  |  |
| CIT     | Y, STATE, ZIP                |                     |                          | NAME & TITLE OF IMMEDIATE SUPERVISOR       |  |
| PHC     | NE NO.                       | TYPE OF<br>BUSINESS |                          | 90. 2                                      |  |
|         | LAIN ANY PERIOD<br>WEEN JOBS | Boomized            |                          | MAY WE CONTACT<br>EMPLOYER? [ ] YES [ ] NO |  |
| 4       | EMPLOYER                     | FROM<br>MO. YR.     | JOB TITLE                | REASON FOR LEAVING (Please Explain)        |  |
| NAN     | ME OF COMPANY                |                     | DESCRIBE YOUR JOB DUTIES | ( .sass Z.piani)                           |  |
| ADE     | PRESS                        | TO<br>MO. YR.       |                          |  |  |
| CIT     | Y, STATE, ZIP                |                     |                          | NAME & TITLE OF IMMEDIATE SUPERVISOR       |  |
| PHC     | NE NO.                       | TYPE OF<br>BUSINESS | 1                        | 35. 255.                                   |  |
|         | LAIN ANY PERIOD<br>WEEN JOBS | , = 33230           |                          | MAY WE CONTACT<br>EMPLOYER? [ ] YES [ ] NO |  |

## **Educational Background**

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

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|   | _  |  |   |  |
|---|--|--|---|--|
|   |  |  |   |  |
| References  |  |  |   |  |
| NAME  | TELEPHONE  | RELATIONSHIP   | YEARS   |  |
|   |  |  |   |  |
|   |  |  |   |  |
|   |  |  |   |  |
|   |  |  |   |  |
| employment. Furthermore, I ur<br>other agencies, including public<br>my driving record, credit histor<br>other past experiences. I here<br>and using such information and<br>Finally, I understand and agree  | nance, experiences and abilities, alouderstand and agree that you may be and private sources which maintally, criminal record, civil matters, preby release from liability the employed all other persons, corporations or that I am not obligated to disclose that I am asking whether I have here  | request information from various in records concerning my past act evious employment, educational ber and its representatives for seel organizations for furnishing such e sealed or expunged records of contents of contents in the sealed or expunged records or expunce | federal, state,<br>livities relating<br>ackground, an<br>king, gathering<br>information.  |  |
| are used for the purpose of lim<br>prohibited by local, state or fed<br>individual with a disability beca   | r does not unlawfully discriminate ir<br>iting or excluding any applicant fron<br>Jeral law. I understand it is this cor   | m consideration for employment ompany's policy not to refuse to hir  | on a basis  |  |
|   | use of that person's need for a reasted, I will be required to provide pro   |  | ed by the ADA   |  |
| Companies and to comply with manual, or other communicatio  |  | oof of identity and legal work auth<br>and regulations of the Bromley C<br>employee handbook, any policy or<br>tand that policies and procedures   | ed by the ADA<br>norization.<br>Group of<br>procedure<br>of the Bromle  |  |
| Companies and to comply with manual, or other communication Group of Companies and all employer of Companies and all employer reserves the samprior notice, except as may be employment for any specific pethan an authorized officer has to  | red, I will be required to provide pro<br>t I am required to abide by all rules<br>all policies and procedures in the e<br>ons to employees. I further underst   | sand regulations of the Bromley Comployee handbook, any policy or tand that policies and procedures esubject to modifications without with or without cause and without at any time with or without causes not constitute an agreement and that no representative of the test to the contrary. I further under   | ed by the ADA<br>norization.  Group of<br>procedure<br>of the Bromle<br>notice.  prior notice, a<br>se and withou<br>or contract for<br>employer, oth |  |
| Companies and to comply with manual, or other communication Group of Companies and all employer of Companies and all employer reserves the samprior notice, except as may be employment for any specific per than an authorized officer has the such assurances must be in writing. | red, I will be required to provide pro<br>t I am required to abide by all rules<br>all policies and procedures in the e<br>ons to employees. I further underst<br>apployment terms and conditions are<br>t I am free to resign at any time, we<br>re right to terminate my employment<br>required by law. This application deriod or definite duration. I underst<br>the authority to make any assurance | sand regulations of the Bromley Comployee handbook, any policy or tand that policies and procedures a subject to modifications without with or without cause and without at any time with or without cause not constitute an agreement and that no representative of the tes to the contrary. I further under the contrary.  | ed by the AD norization.  Group of procedure of the Bromle notice.  prior notice, a se and withour contract for employer, of erstand that a           |  |

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_ Date \_\_\_\_\_

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### **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. (By Applicant) APPLICANTS: DO NOT FILL IN THE BLANKS BELOW THIS LINE COMPANY USE ONLY: BGC Department: BHI TFS Start Date: \_\_\_\_\_ Employment Status (FT, PT, Temp.) \_\_\_\_\_ Hourly Rate: \_\_\_\_ Date of Birth: \_\_\_\_ Gender: EEOC: Emergency Notification: \_\_\_\_\_ Relationship: \_\_\_\_ Emergency Phone #: \_\_\_\_

Approved By: \_\_\_\_\_

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