Application for Employment Tharp Brothers

1336 E State Hwy 164, Oquawka, IL 61469

An Equal Opportunity Employer

Date of Ap	plication:						
Position(s)	Applied Fo	r:					
Name:	Last		First		Middle		
Telephone	:						
Address:	Number	Street		City		State	Zip Code
Do you ha	ve a current	CDL?		Yes	or	No	
lf Yes, Exp	piration:						
If employe	d and you a	ire under 18,	, can you fu	rnish a wo	ork permit?		
Yes	or	No		lf Yes, E	xpiration:		
Have you f	filed an app	lication here	before?		Yes	or	No
lf Yes, Dat	e:						
Have you ever been employed here before?			Yes	or	No		
lf Yes, Dat	e:						
You able to	o work:		Full Time		Part Time		Temporary
On what da	ate would y	ou be availal	ble for work	?			
How did yo	ou hear abo	ut Tharp Bro	others?				

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Education:

	Elementary	High School	College	Graduate
School Name				
Years Completed	45678	9 10 11 12	1234	1234
Diploma/Degree				
Describe Course Of Study				
Describe Specialized Training	, Apprenticeship, Skills	& Extra Curicular Act	ivities	
Honors Received: State any a	dditional information v	ou feel may be belofu	I to us in considering a	your application

List professional, trade, business or civic activities and offices held. (You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, handicap or other protected status.):

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References:

Give name, address & telephone number of three references who are not related to you and are not previous employers.

1.)			
	Name	Address	Telephone
2.)			
	Name	Address	Telephone
3.)			
	Name	Address	Telephone

Employment Experience:

1.)

Start with your most recent or present job. Include military servie assignment and volunteer activities. You may exclude organization names which would reveal sex, race, religion, national origin, age, ancestry, handicap or other protected status.

Employer Name		
Address	Teleph	one
Job Title	Supervisor	
Work Performed		
Reason For Leaving		

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Employment Experience Continued: 2.) **Employer Name** Address Telephone Job Title Supervisor Work Performed **Reason For Leaving** 3.) **Employer Name** Address Telephone Job Title Supervisor Work Performed **Reason For Leaving**

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Special Skills and Qualifications:

Summarize special skills and qualifications acquired from employment experience or education:

Additional Notes:

Applicant's Statement:

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. This application for employment shall be considered active for a period of time not to exceed 180 days. If I wish to be considered for employment beyond this time period, I understand that I need to inquire as to whether or not applications are being accepted at that time. I understand that neither this document nor any offer of employment from the employer constitues an employment contract unless a specific document to that effect is executed by the employer and me in writing. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant