

**Address**506 N.E. 15th Street
PO Box 70
Casey, IL 62420**Contact****Phone:** 800.650.7834
Fax: 217.932.5293
Email: info@bolininc.com**APPLICATION FOR EMPLOYMENT**

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.

Position(s) applying for		Date	
Referral Source:	<input type="checkbox"/> Advertisement	<input type="checkbox"/> Employee	<input type="checkbox"/> Relative
	<input type="checkbox"/> Walk-in	<input type="checkbox"/> Private Employment Agency	<input type="checkbox"/> Government Employment Agency
		<input type="checkbox"/> Other	<input type="text"/>
Name of Source (if applicable)			

Name				Address			
City			State			Zip Code	
Telephone			Mobile			E-mail	

Best time to contact you?		<input type="checkbox"/> Yes <input type="checkbox"/> No
May we contact you at work?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Have you ever been employed with our company before?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, give dates	From <input type="text"/> To <input type="text"/>

Type of work....	<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time	<input type="checkbox"/> Seasonal	<input type="checkbox"/> Educational Co-Op	Date available....	<input type="text"/>
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Travel Availability	<input type="checkbox"/> None	<input type="checkbox"/> Weekdays	<input type="checkbox"/> Weekends	<input type="checkbox"/> Anytime
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Please note that most of our positions require travel.

If none, please explain.	<input type="text"/>
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Will you work overtime if required?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, please explain.	<input type="text"/>

Driver's license number		State	
<input type="checkbox"/> CDL Class A	<input type="checkbox"/> CDL Class B	<input type="checkbox"/> Hazmat Driver	<input type="checkbox"/> Tanker Driver
		<input type="checkbox"/> Other	
If other, please explain.	<input type="text"/>		

Please note all applicants must have a valid driver's license with no suspensions within 5 years of applying.

SKILLS & QUALIFICATIONS

Summarize any job related skills, licenses, certificates and/or special training.

<input type="checkbox"/> Automotive Painting	<input type="checkbox"/> Track Hoe Operator	<input type="checkbox"/> Foreman	<input type="checkbox"/> Sand Blasting	<input type="checkbox"/> Diesel Tech	<input type="checkbox"/> Surveying
<input type="checkbox"/> Backhoe Operator	<input type="checkbox"/> Dozer Operator	<input type="checkbox"/> Safety	<input type="checkbox"/> Welding	<input type="checkbox"/> Auto Tech	<input type="checkbox"/> Office

EMPLOYMENT HISTORY

Provide the following information from your past and current employers, assignments or volunteer activities. Start with your most recent (use additional sheets if necessary).

Employer	Telephone #			Dates Employed: From	To
Street address	City	State	Starting Pay: <input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ per		
Starting job title	Final job title			Commission/Bonus/Other Compensation: \$	
Supervisor and title	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later			Final Pay: <input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ per	
Reason for leaving?				Commission/Bonus/Other Compensation: \$	
Summarize the type of work performed and job responsibilities.					
What did you like most about your position?					
What were the things you liked least about the position?					

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Supervisor and title	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later			Final Pay: <input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ per	
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Supervisor and title	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later			Final Pay: <input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ per	
Reason for leaving?				Commission/Bonus/Other Compensation: \$	
Summarize the type of work performed and job responsibilities.					
What did you like most about your position?					
What were the things you liked least about the position?					

EDUCATIONAL BACKGROUND

Starting with your most recent school attended, provide the following information.

School (include City & State)	Years Completed	Completed		GPA Class Rank	Major/Minor
		<input type="checkbox"/> Diploma	<input type="checkbox"/> GED		
		<input type="checkbox"/> Degree			
		<input type="checkbox"/> Certification			
		<input type="checkbox"/> Other			
		<input type="checkbox"/> Diploma	<input type="checkbox"/> GED		
		<input type="checkbox"/> Degree			
		<input type="checkbox"/> Certification			
		<input type="checkbox"/> Other			

REFERENCES

List name and telephone number of three business/work references who are not related to you and are not previous supervisors. If not applicable, list three school or personal references who are not related to you.

Name	Title	Relationship to You	Telephone	Year(s) Known	Reference Type	
					Personal	Professional
					Personal	Professional
					Personal	Professional

ADDITIONAL INFORMATION

List special accomplishments, publications, awards, or additional information you would like us to consider.

Exclude memberships which would reveal sex, race, religion, national origin, age, color, disability or any other similarly protected status.

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APPLICANT STATEMENT

I certify that all information I have provided in order to apply for and secure work with this employer is true, complete and correct.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that this employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only 60 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by an authorized officer.

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 authorization to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect will be sufficient cause to (i) eliminate me from further consideration for employment or (ii) may result in my immediate discharge from the employer's service, whenever it is discovered.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant	Date
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If sending this form via email, type your name and social security number in the Applicant Signature line above. Include the date. By entering your name and social security number to this document the signature line will be interpreted as your written signature and bound by the agreement in the application statement above.