

**Employment Application
Homes by Schuetz
a Schuetz Companies LLC**

Notice to Applicant: *We are an equal opportunity employer and do not discriminate on the basis of an applicant's or employee's race, color, religion, sex, national origin, citizenship, age, physical or mental disability or any other characteristic.*

**Any blanks left open will render the application incomplete and may not be accepted.
Please print or type.**

Personal Information:

Full name: _____ Social security # _____ - _____ - _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: (____)-_____

E-mail address: _____ Driver Lic #: _____

Position information:

Position applying for: _____

Questionnaire:

Do you have any relatives working for us presently? Yes _____ No _____

Have you ever been convicted of a felony? Yes _____ No _____

If yes, give details _____

Have you ever filed for bankruptcy? Yes _____ No _____ If so, when _____

Have you ever been fired from a job? Yes _____ No _____

If yes, give details _____

Education: (list from present and go back)

School / Institution	Major or area of study	Degree or # of years
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Employment History: (list from most recent and go back)

Employer: _____ Supervisor: _____

Address: _____ Date: ___/___ to ___/___ (month/year)

City: _____ State: _____ Zip: _____ Phone: (____)- _____

Reason for leaving: _____

Employer: _____ Supervisor: _____

Address: _____ Date: ___/___ to ___/___ (month/year)

City: _____ State: _____ Zip: _____ Phone: (____)- _____

Reason for leaving: _____

Employer: _____ Supervisor: _____

Address: _____ Date: ___/___ to ___/___ (month/year)

City: _____ State: _____ Zip: _____ Phone: (____)- _____

Reason for leaving: _____

Employer: _____ Supervisor: _____

Address: _____ Date: ___/___ to ___/___ (month/year)

City: _____ State: _____ Zip: _____ Phone: (____)- _____

Reason for leaving: _____

Employer: _____ Supervisor: _____

Address: _____ Date: ___/___ to ___/___ (month/year)

City: _____ State: _____ Zip: _____ Phone: (____)- _____

Reason for leaving: _____

References:

Name	Relationship to you	Phone	Yrs. Known
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_____	_____	(____)- _____	_____
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_____	_____	(____)- _____	_____
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Emergency contact:

If you are hired, we need to know who to contact in the event of an emergency.

Name	Relationship	Phone number
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Acknowledgment:

I hereby certify that the information contained in this application form is true and correct to the best of my knowledge and agree to have any of the statements checked by the organization unless I have indicated to the contrary. I authorize Schuetz Companies LLC to perform background checks. I authorize the references listed above to provide the company any and all information concerning my previous employment and any pertinent information that they may have. Further, I release all parties and persons from any and all liability for any damages that may result from furnishing such information to the company as well as from the use or disclosure of such information by the organization or any of it's agents, employees, or representatives. I understand that any misrepresentation, falsification or material omission of information on this application may result in my failure to receive an offer or, if I am hired, in my dismissal from employment.

Applicant's signature

Date

Return to:

Schuetz Companies LLC
4464 E Radio Tower Ln
Olney IL 62450

FAX: 618-395-4425