

Last Name	First	Middle	Date
Street Address			Home Telephone ()
City, State, Zip			Business Telephone ()
Email Address			Cell Phone ()

Have you ever been employed with us? YES NO
 If yes: Month and Year _____ Location _____

Position Desired: _____ Shift Desired: _____ Desired Rate of Pay: _____

After reviewing the job description(s), can you perform the functions of the job(s) for which you are applying? YES NO
 If no, could you do so with reasonable accommodation? YES NO
 If yes, describe type of accommodation needed: _____

If applying for a Nursing Assistant position, are you certified? YES NO

Apart from absence for religious observance, are you available for full-time work? YES NO
 If not, what hours can you work? _____
 Will you work overtime if necessary? YES NO
 When will you be available to begin work? _____

Are you legally eligible for employment in the United States? YES NO

How did you learn of an opening? _____

If you are under 18 years of age, can you provide required proof of your eligibility to work? YES NO

Level of Education	Name and Location of School	Course of Study	# of years of attendance	Did you Graduate?
Graduate				
College				
Business/Trade/ Jr. College				
High School				

EMPLOYMENT

Please give accurate, complete full-time and part-time employment record. Start with your present or most recent employer.

(1) Company Name	Telephone
City/State	Employed—(State month, year) From _____ To _____
Name of Supervisor	OK to contact employer? Yes or No
Job Title and Describe your work	Reason for Leaving

(2) Company Name	Telephone
City/State	Employed—(State month, year) From _____ To _____
Name of Supervisor	OK to contact employer? Yes or No
Job Title and Describe your work	Reason for Leaving

(3) Company Name	Telephone
City/State	Employed—(State month, year) From _____ To _____
Name of Supervisor	OK to contact employer? Yes or No
Job Title and Describe your work	Reason for Leaving

(4) Company Name	Telephone
City/State	Employed—(State month, year) From _____ To _____
Name of Supervisor	OK to contact employer? Yes or No
Job Title and Describe your work	Reason for Leaving

PERSONAL REFERENCES	(No relatives)
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Name	City/State	Telephone	Years Acquainted
1.			
2.			
3.			

Winning Wheels, Inc. does not discriminate in hiring or any other decision on the basis of race, color, sex, citizenship, national origin, ancestry, or on the basis of age or mental or physical disability, including pregnancy, unrelated to the ability to perform the work required. No question on this application is intended to secure information to be used for such discrimination.

I voluntarily give Winning Wheels, Inc. the right to make a thorough investigation of my past employment and activities, including criminal, and I agree to cooperate in such investigation and release from all liability or responsibility all persons, companies or corporations supplying such information. I understand that this investigation, if hired, will consist of initiating a fingerprint-based criminal history records check from both the Illinois State Police and the FBI. If hired, I consent to a physical examination and understand that my employment offer will be contingent on passing the physical examination, and such future physical examinations as may be required by Winning Wheels, Inc. in accordance with its policies and with the regulatory agency.

I understand that I must successfully pass an initial drug screen to be employed with this organization.

I understand that my employment is at will, and that either party is free to terminate the employment relationship at any time without cause. I also understand that my employment may be terminated for any misrepresentation or omission of fact appearing on this application.

If employed, I will be required to complete an Employment Verification Form (I-9) and within three days show satisfactory evidence of identity and eligibility for employment.

Signature of Applicant

Date

Winning Wheels Application for Employment Non-Discrimination and Compliance Disclosure

Winning Wheels is an equal opportunity provider and employer.

If you wish to file a Civil Rights complaint if discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov.

The following information is requested by the Federal Government in order to monitor compliance with Federal Laws prohibiting discrimination against applicants seeking to participate in this program. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, we are required to note the race/national origin of individual applicants on the basis of visual observation or surname.

I do not wish to furnish this information

Ethnicity:

- Hispanic or Latino
 Not Hispanic or Latino

Race:

- White
 Black
 American Indian/Alaskan Native
 Asian
 Native Hawaiian or Other Pacific Islander

Gender:

- Male
 Female