American Legion Department of Illinois Employment Application

 Please complete this application by typing or printing We are an equal opportunity employer. We do not dismarital status, or disability. 		
✓ Do you need an accommodation to participate in the	pplication or interview process? Yes N	lo .
mployer	Job Order #	
	Job Title	
PERSONAL DATA		
lame		
resent Address	CityState _	Zip
rhone () - Message Phone ()		
priver's License: Operator CDL CDL CDL	ype Endorsements	
re you a Veteran of Military Service		
EDUCATION		
ligh School Diploma or GED? Yes No	Post Secondary Degree?	BA MA Ph.[
ame of school beyond High School	,	_ _
raining Length	Date Completed	
ajor	Minor	
ORK EXPERIENCE (List most recent work experience firs)	
ompany Name	Immediate Supervisor	
omplete Address	City S	State Zip Code
b Title	•) -
bb Description (duties, skills, equipment used)		
Dates: From (mm/yy) / To (mm/yy) /	Reason for leaving	
ORK EXPERIENCE		
ompany Name		
Omplete Address Street / P.O. Box	City S	State Zip Code
b Title) -
bb Description (duties, skills, equipment used)		
Dates: From (mm/yy) / To (mm/yy) /	Reason for leaving	

WORK EXPERIENCE							
Company Name			Immediate Super	rvisor			
Complete Address							
lab Titla	Street / P.O. Box		City		State	Zip Code	
Job Title					·	-	
Job Description (duties, sk	ills, equipment used)						
Dates: From (mm/yy)	/ To (mm/yy)	/	Reason for leaving	g			
Work Experience Company Name			Immediate Supe	rvisor			
Complete Address							
	Street / P.O. Box		City		State	Zip Code	
					·	-	
Job Description (duties, sk	ills, equipment used)						
Dates: From (mm/yy)	/ To (mm/yy)	/	Reason for leaving	g			
ADDITIONAL INFORMATION	THAT COULD HELP YOU QU	ALIFY FOR T	HIS POSITION				
Volunteer Work							
Licenses, Certificates, spe	ciai skiiis, etc.						
LIST REFERENCES (prefera	bly persons who know ab	oout your wo	ork/training)				
Name	Address	Address			Phone Number		
					()	-	
					()		
					()	-	
					\ /		
Signature:				Date:			

The information that you provide on this application is subject to verification. Falsifications or misrepresentations may disqualify you from consideration for employment or, if hired, may be grounds for termination at a later date. Do you want to be informed before we contact your present employer?

Yes
No

With my signature above (typed or written), I certify that all information on this and all attached pages is true, correct and complete to the best of my knowledge and contains no willful falsifications or misrepresentations. I authorize all former employers to release job-related information they may have about me and I release all persons or companies from any liability or responsibility for providing such information.