

# ATLANTIC Services, Inc.

2706B N. Mattis Ave.  
Champaign, IL 61822  
(217) 356-8665

## APPLICATION FOR EMPLOYMENT

\_\_\_\_\_  
Today's Date

FULL NAME: \_\_\_\_\_  
Last First Middle

CURRENT ADDRESS: \_\_\_\_\_  
Street & Number  
\_\_\_\_\_  
City State Zip Code

Telephone Number: \_\_\_\_\_

If hired, can you provide proof of identity and authorization to work in the United States? \_\_\_\_\_  
*?Si empleado, puede proporcionar usted la prueba de identiy y autorizacion para trabajar en los Estados Unidos?*

EDUCATION:  
Circle Highest Grade Completed: Elem 6 7 8 High 9 10 11 12 College 13 14 15 16

DO YOU HAVE A VALID DRIVERS' LICENSE? \_\_\_\_\_ License # \_\_\_\_\_

Please List any Tickets/Violations on your Driving record during the last 10 years: \_\_\_\_\_

### EMPLOYMENT EXPERIENCE:

Current Employer: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Dates Employed: \_\_\_\_\_ Hourly Wage \_\_\_\_\_  
FROM TO

Prior Employer: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_  
Dates Employed: \_\_\_\_\_ Hourly Wage \_\_\_\_\_  
FROM TO

Have you been convicted of a misdemeanor or felony? \_\_\_\_\_ ---->next page---->

If yes, give details, including date, location (city), nature of offense and disposition.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REFERENCES:**

**Please give name, address and telephone number of two references who are not related to you:**

1. \_\_\_\_\_ 2. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Social Security Number:** \_\_\_\_\_

**Day of Birth (1<sup>st</sup> thru 31<sup>st</sup>)** \_\_\_\_\_

**Month of Birth** \_\_\_\_\_ (Please do NOT list year)

**SIGNATURE:**

**READ CAREFULLY BEFORE SIGNING!!**

I certify that the statements and information furnished by me in this application are true and correct. I understand that omitted, false or misstated statements on this application are grounds for refusal to hire, or dismissal, at any time the company becomes aware of the omitted, falsified, or misstated information. I hereby authorize Atlantic Services, Inc. to conduct a background inquiry to verify the information on this application and any company form completed by me. I authorize all previous employers or other persons who have knowledge of me or my records, to release such information to Atlantic Services, Inc.

*Certifico que las eclaraciones y la informacion amuebladas por mi en esta aplicacion son verdad y correcto. Entiendo que las declaraciones omitida, falsas o expuesta mal en esta aplicacion son el motivo para la negative para emplear, o el despido, en tiempo que la compania advierte la informacion omitida, falsificada o expuesta mal. Yo por la presente autorizo los Servicios Atlanticos, S.A. realizar una indagacion del fondo para verificar la informacion en esta aplicacion y cualquier forma de la compania completados por mi. Autorizo todos empleadores previos o a otras personas que tienen el conocimiento de mi o de mis registros, para liberar tal informacion los Servicios Atlanticos, S.A.*

**My Signature Certifies That I have Read and Agree With the Above Statements.**

**Date of Application:** \_\_\_\_\_  
*La Fecha ole la aplicacion*

**Signature of Applicant:** \_\_\_\_\_  
*La Firma de Solicitante*

**FOR WORK UNIFORM INFORMATION:** PANT SIZE: \_\_\_ x \_\_\_ SHIRT SIZE: \_\_\_\_\_