



TEAM Human Resources
 400 S. Main Place
 Carol Stream, IL 60188

www.TEAM.org
 FAX: (630) 653-1826
 PHONE: (630) 653-5300
 or (800) 343-3144
 jobs@team.org

Employment Application

Please print legibly or type. Please note that this application is a standalone document and should not refer to an attached resume. Please answer all fields fully and correctly, to the best of your knowledge.

Computer Instructions: Use TAB key to advance through shaded fields to fill in required information. Do NOT use RETURN key.

SECTION 1 - PERSONAL INFORMATION

LAST NAME, FIRST, MIDDLE		DATE
STREET ADDRESS		HOME PHONE
CITY, STATE, ZIP		CELL PHONE/ WORK
ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THE UNITED STATES? (If hired, law requires verification.)		E-MAIL
<input type="checkbox"/> Yes <input type="checkbox"/> No		
MAY WE CONTACT YOU AT WORK? <input type="checkbox"/> Yes <input type="checkbox"/> No	DATE AVAILABLE FOR WORK?	
AGE: <input type="checkbox"/> under 16 <input type="checkbox"/> 16-18 <input type="checkbox"/> Over 18 years	WHO MAY WE THANK FOR REFERRING YOU TO US?	

SECTION 2 - WORK INTEREST

POSITION PREFERRED	
HOW LONG DO YOU WANT EMPLOYMENT? <input type="checkbox"/> less than 2 years <input type="checkbox"/> more than 2 years	AVAILABILITY <input type="checkbox"/> Full time <input type="checkbox"/> Part time (indicate days/hours preferred) <input type="checkbox"/> Summer
WHICH SOFTWARE PROGRAMS HAVE YOU USED?	
OFFICE MACHINES OPERATED	
OTHER OFFICE SKILLS	

SECTION 3 - EDUCATION

SCHOOL	NAME CITY, STATE	COURSE OF STUDY	NUMBER OF YEARS COMPLETED	DID YOU GRADUATE	DEGREE OR DIPLOMA
GRADUATE				<input type="checkbox"/> Yes <input type="checkbox"/> No	
GRADUATE				<input type="checkbox"/> Yes <input type="checkbox"/> No	
COLLEGE				<input type="checkbox"/> Yes <input type="checkbox"/> No	
COLLEGE				<input type="checkbox"/> Yes <input type="checkbox"/> No	
BUSINESS/TECH SCHOOL				<input type="checkbox"/> Yes <input type="checkbox"/> No	
HIGH SCHOOL				<input type="checkbox"/> Yes <input type="checkbox"/> No	

SECTION 4 - MILITARY SERVICE

HAVE YOU EVER SERVED IN THE U.S. ARMED FORCES? <input type="checkbox"/> Yes <input type="checkbox"/> No	RANK AT DISCHARGE
BRANCH OF SERVICE	DATES OF DUTY
DESCRIBE ANY TRAINING OR EXPERIENCE RELEVANT TO THE POSITION FOR WHICH YOU ARE APPLYING:	

SECTION 5 – REFERENCES

Please list three non-relative friends or business acquaintances who have known you for at least two years.

NAME	HOME PHONE
ADDRESS	WORK PHONE
NATURE AND LENGTH OF ACQUAINTANCE	E-MAIL ADDRESS
NAME	HOME PHONE
ADDRESS	WORK PHONE
NATURE AND LENGTH OF ACQUAINTANCE	E-MAIL ADDRESS
NAME	HOME PHONE
ADDRESS	WORK PHONE
NATURE AND LENGTH OF ACQUAINTANCE	E-MAIL ADDRESS

SECTION 6 – EMPLOYMENT HISTORY

Please start with your present or most recent employer.

COMPANY NAME	PHONE
ADDRESS	EMPLOYED (month & year) From To
NAME & TITLE OF SUPERVISOR	MONTHLY PAY Start Last
JOB TITLE	REASON FOR LEAVING
BRIEFLY DESCRIBE YOUR WORK	
COMPANY NAME	PHONE
ADDRESS	EMPLOYED (month & year) From To
NAME & TITLE OF SUPERVISOR	MONTHLY PAY Start Last
JOB TITLE	REASON FOR LEAVING
BRIEFLY DESCRIBE YOUR WORK	
COMPANY NAME	PHONE
ADDRESS	EMPLOYED (month & year) From To
NAME & TITLE OF SUPERVISOR	MONTHLY PAY Start Last
JOB TITLE	REASON FOR LEAVING
BRIEFLY DESCRIBE YOUR WORK	

SECTION 7 – OTHER

List below any additional information that may be helpful in evaluating your qualifications for employment. Please list only those items that relate to your possible future employment with TEAM, i.e. relevant organizations to which you belong, travel, awards or proficiencies.

--

My signature below certifies that:

- The statements made in this application are true.
- I authorize TEAM to seek information from the reference sources and employers (current employer will not be contacted without my knowledge) listed in this application.
- **I have read and agree with TEAM’s Statement of Faith** found at www.team.org.

DATE	SIGNATURE
------	-----------