

APPLICATION FOR EMPLOYMENT

We are an equal opportunity employer, dedicated to a policy of nondiscrimination in employment on any basis including race, color, age, sex religion, disability or national origin.

Date / /

Employment Desired

| | | |
|---|--------------------|--|
| Position available: Concession Stand () | Date You Can Start | Type of Employment: Summer and Fall |
| Are you employed now? YES <input type="checkbox"/> NO <input type="checkbox"/> If so may we contact your present employer? YES <input type="checkbox"/> NO <input type="checkbox"/> | | |

Personal Information

| | | |
|---|-----------------------|-------------|
| Last Name | First Name | Middle Name |
| Address (number, Street, City, State, Zip Code) | | |
| Cell Phone Number | Home Telephone Number | Referred By |

Education

| | | | |
|-----------------------------------|------------------------|--|--------|
| High School Attended and Location | No. of Years Completed | Did you graduate Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| College Attended and Location | No. of Years Completed | Did you graduate Yes <input type="checkbox"/> No <input type="checkbox"/> | Degree |

General

| |
|--|
| Special Courses or Training |
| Experience/Skills Related to the Position for Which You Are Applying |
| List three (3) words that best describe you: _____, _____, _____ |

Employment History (list Present or Most Recent Positions First)

| | | | |
|---|---|-----------------|---------------|
| Name of Employer | Address (Number, Street, City, State, Zip Code) | | |
| Phone | Type of Business | Department | Your Position |
| Duties | | | |
| Name and Position of Immediate Supervisor | | | |
| Date Employed (Day, Month, Year) | Date Left (Day, Month, Year) | Starting Salary | Final Salary |
| Reason for Leaving | | | |

| | |
|------------------|---|
| Name of Employer | Address (Number, Street, City, State, Zip Code) |
|------------------|---|

| | | | |
|-------|------------------|------------|---------------|
| Phone | Type of Business | Department | Your Position |
|-------|------------------|------------|---------------|

Duties

Name and Position of Immediate Supervisor

| | | | |
|----------------------------------|------------------------------|-----------------|--------------|
| Date Employed (Day, Month, Year) | Date Left (Day, Month, Year) | Starting Salary | Final Salary |
|----------------------------------|------------------------------|-----------------|--------------|

Reason for Leaving

State any additional information you feel may be helpful to us in considering your application.

Other Experience

I certify that the information provided is true and correct.

Signature _____ Date _____

Deadline for consideration is April 5, 2025. Please mail the application to:

**ALYB
PO BOX 195
Danville, IL 61832**