



National Forwarding Co., Inc.

2800 Roosevelt Road, Broadview, IL 60155

(708) 345-0550

Application for Employment

We are an equal opportunity employer. Race, color, religion, sex and national origin or any other basis protected by statute are not factors in employment, promotion and compensation.

PERSONAL INFORMATION

Name (First) (Middle) (Last)				Primary Telephone Number	
				Email Address	
Home Address (Street) (City) (State) (Zip)				Social Security Number	
Are you authorized to work in the U.S. on an unrestricted basis?				Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you over 18?				Yes <input type="checkbox"/>	No <input type="checkbox"/>
				Who referred you to us? Agency <input type="checkbox"/> Employee <input type="checkbox"/> Ad <input type="checkbox"/> Other _____ _____ _____	

EMPLOYMENT DESIRED

Have you applied for employment here before? When? Where?				Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date you can start:
Have you ever been employed here? When? Where?				<input type="checkbox"/>	<input type="checkbox"/>	Starting salary desired:
Are you employed now? If so, may we contact your employer?				<input type="checkbox"/>	<input type="checkbox"/>	Position desired:
Are you currently on layoff or leave from another company?				<input type="checkbox"/>	<input type="checkbox"/>	LIST APPLICABLE SKILLS:
Are you willing to travel? If so, % of time _____%				<input type="checkbox"/>	<input type="checkbox"/>	
Are you available for full time work? Are you available for part time work?				<input type="checkbox"/>	<input type="checkbox"/>	

EDUCATION

Name of School	Location City State	Main Course of Study	Did you graduate?	Grade Average	Degree

List any scholastic honors received and offices held while in school:

Are you planning to pursue other studies? Yes Day Night No

If so, where and what course of study? _____

EMPLOYMENT HISTORY*(List employment for the past 10 years, starting with present job. Include military experience)*

Company Name		Specific Duties	
Street Address	Telephone		
City & State		Reason for Leaving	
Job Title			
Supervisor			
Dates Employed	From	To	Salary

Company Name		Specific Duties	
Street Address	Telephone		
City & State		Reason for Leaving	
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Job Title			
Supervisor			
Dates Employed	From	To	Salary

(IF YOU NEED ADDITIONAL SPACE PLEASE ATTACH A SEPARATE SHEET)

REFERENCES: *(List 2 people not related to you who have known you for 1 year)*

Name	Address	Business	Years Acquainted
1			
2			

EMERGENCY: In case of emergency, please notify

Name _____ Phone Number _____

Address: _____

EMPLOYMENT LIMITATIONS:

Can you perform the essential functions of the job with or without reasonable accommodation?

Yes No

PLEASE READ BEFORE SIGNING

I certify that all statements made by me on this application are true and complete to the best of my knowledge and that I have withheld nothing which, if disclosed, would affect this application unfavorably.

I authorize my previous employers, schools, or persons named as references to give any information regarding employment or education record. I agree that this company and my previous employers shall not be held liable in any respect if a job offer is not extended, is withdrawn or my employment is terminated because of false statements, omissions or answers made by me on this application. If I am employed with this company, I will comply with all rules and regulations as set forth in any communication distributed to employees.

In compliance with the Immigration Reform and Control Act of 1986, I understand that I will be required to provide approved documentation that verifies my right to work in the United States on my first day of employment. I am in receipt of a list of approved documents which have been supplied with this application.

I further understand and agree that my employment is for no definite period and may, regardless of date of payment of wages or salary, be terminated for any reason and at any time without previous notice.

I hereby acknowledge that I have read and understand the above statements.

Signature _____

Date _____



IMMIGRATION REFORM AND CONTROL ACT REQUIREMENT

In compliance with the Immigration Reform and Control Act of 1986, you will be required to provide approved documentation that verifies your right to work in the United States prior to beginning work here at this company. Please be prepared to provide any of the following documentation if you are offered and accept a position with us:

Any one of the following: (These establish both identity and employment authorization)

1. U.S. Passport
2. Certificate of U.S. citizenship (issued by Immigration & Naturalization Service)
3. Certificate of Naturalization (issued by INS)
4. Unexpired foreign passport with unexpired endorsement authorizing employment
5. Resident alien card or other alien registration card, with photo or other approved identifying information, which evidences employment authorization

Or one from List A and one from List B

List A- These establish employment authorization:

1. Social Security Card (unless it specifies that doesn't authorize employment)
2. Certificate of U.S. birth or other documentation which establishes U.S. nationality or birth
3. Other approved documentation

List B- These establish identity:

1. Driver's license or similar state I.D. card with photo or other approved identifying information
2. Other approved documentation of identity for applicants under age 16 or in a state which does not issue an I.D. card (other than a driver's license)

THIS VERIFICATION PROCESS IS A REQUIREMENT FOR ALL EMPLOYEES HIRED ON OR AFTER NOVEMBER 6, 1986



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AUTHORIZATION TO RELEASE INFORMATION

To:

As an applicant for a position with National Forwarding Co., Inc., I have been asked to furnish information for use in reviewing my background and qualifications. In this connection, I hereby authorize the investigation of my past and present work, character, education, military and criminal records to ascertain any and all information which may be pertinent to my employment qualifications.

The release in any manner of any and all information by you is authorized whether such information is of record or not, and I do hereby release all persons, firms, agencies or companies, whomsoever, from any damage resulting from furnishing such information.

The authorization shall be valid for three months from the date of my signature below, and/or for the duration of my employment. You may retain this copy of my release for your files.

I understand that the company does not offer any employee contracts or guarantee any minimum length of employment. Employment status is considered to be "at will" meaning that, just as the employee may terminate employment with the company at any time with or without cause and with or without notice, the company may likewise terminate any employee at any time or without cause and with or without notice.

Print Name _____

Signature _____ Date _____

Social Security No. _____ Date of Birth _____

Witness _____ Date _____