



**FOOD SERVICE
EQUIPMENT REPAIR**

24 HOUR SERVICE
EQUIPMENT—PARTS • ACCESSORIES • INSTALLATION
125 W. North Ave., Villa Park, IL 60181 • Tel: (630) 941-7070 • Fax: (630) 941-7099

Application for Employment

APPLICANT INFORMATION			
Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	E-mail Address		
Date Available	Social Security No.	Desired Salary	
Position Applied for			
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain

EDUCATION			
High School		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
College		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Other		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree

REFERENCES	
<i>Please list three professional references.</i>	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	

PREVIOUS EMPLOYMENT			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

MILITARY SERVICE	
Branch	From To
Rank at Discharge	Type of Discharge
If other than honorable, explain	

DISCLAIMER AND SIGNATURE	
I certify that my answers are true and complete to the best of my knowledge.	
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.	
Signature	Date

EMPLOYEE APPLICATION FORM WAIVER

In exchange for the consideration of my job application by Coker Services, Inc. (hereinafter called "the Company"). I agree that:

Neither the acceptance of the application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position and regardless of the contents of employee handbooks, personnel manuals, benefits plans, policy statements and the like as they may exist from time to time or other Company practices, shall serve to create an actual or implied contract of employment or to confer any right to remain an employee of **Coker Services, Inc.**, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned and that relationship cannot be altered except by a written instrument signed by the President of the Company. Both the undersigned and **Coker Services, Inc.** may end the employee relationship at any time, without specified notice or reason. If employed I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction of benefits.

I authorize investigation of all statements contained in this application I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references and others and hereby release the Company from any liability as a result of such contract.

I also understand that:

- (1) the Company has a drug and alcohol policy that provides for pre-employment testing as well as testing after employment.
- (2) consent to and compliance with such policy is a condition of my employment, and
- (3) continued employment is based on the successful passing of testing under such policy.

I further understand that my employment with the Company shall be probationary for a period of 90 days and further that at any time during the probationary period or thereafter, my employment relation with the Company is terminable at will for any reason by either party.

Signature of Applicant: _____ Date ____/____/ 20____

Valid Driver's License # _____

Coker Service, Inc., is an equal opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for Employment with this Company depends on your qualifications.