



3607 Chapel Hill Road - Johnsburg, IL 60051  
www.huemannwater.com - (815) 385-3093

## EMPLOYMENT APPLICATION

### PERSONAL INFORMATION

NAME \_\_\_\_\_ BIRTHDAY \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY/STATE/ZIP CODE: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ CELL PHONE PROVIDER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

ARE YOU AUTHORIZED TO WORK IN THE UNITED STATES? YES \_\_\_\_\_ NO \_\_\_\_\_

### EMPLOYMENT DESIRED

POSITION: \_\_\_\_\_

ARE YOU EMPLOYED NOW? YES \_\_\_\_\_ NO \_\_\_\_\_

IF YES, MAY WE CONTACT YOUR CURRENT EMPLOYER? YES \_\_\_\_\_ NO \_\_\_\_\_

DATE YOU CAN START? \_\_\_\_\_ SALARY DESIRED? \_\_\_\_\_

### EDUCATION

HIGHEST LEVEL OF EDUCATION? \_\_\_\_\_

	NAME OF SCHOOL	YEARS ATTENDED	G.P.A.
GRAMMAR SCHOOL			
HIGH SCHOOL			
COLLEGE			

ARE YOU CURRENTLY ATTENDING SCHOOL? YES \_\_\_\_\_ NO \_\_\_\_\_

### JOB SKILLS

CIRCLE ITEMS IN WHICH YOU HAVE HAD TRAINING OR PREVIOUS EXPERIENCE

SALES      COMPUTERS      MECHANICS      TELEMARKETING  
DELIVERY DRIVER      PLUMBING      CUSTOMER SERVICE      LEAD GENERATION

PLEASE DESCRIBE ANY SKILLS OR OTHER JOB RELATED EXPERIENCES YOU HAVE THAT ARE NOT LISTED ABOVE?

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## FORMER EMPLOYERS

DATE	COMPANY NAME	SALARY	POSITION	REASON FOR LEAVING

## REFERENCES

NAME	PHONE NUMBER	CAREER	YEARS KNOWN

## PHYSICAL RECORD

DO YOU HAVE ANY PHYSICAL LIMITATIONS THAT PRECLUDE YOU FROM PERFORMING ANY WORK FOR WHICH YOU ARE BEING CONSIDERED?

YES \_\_\_\_\_ NO \_\_\_\_\_

IF YES, PLEASE EXPLAIN:

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## DRIVING RECORD

HAVE YOU HAD ANY MOVING VIOLATIONS IN THE LAST FIVE YEARS?

YES \_\_\_\_\_ NO \_\_\_\_\_

IF YES, PLEASE EXPLAIN:

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I HEREBY CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR TERMINATION.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES LISTED ABOVE TO GIVE ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE, AND RELEASE ALL PARTIES FROM ANY LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM FURNISHING INFORMATION.

I WILL PROVIDE A COPY OF A VALID DRIVERS LICENSE TO HUEMANN WATER CONDITIONING TO CERTIFY THAT I WILL BE APPROVED TO BE INSURED THROUGH FEDERATED INSURANCE FOR DRIVING PURPOSES ONLY.

IF EMPLOYED, I UNDERSTAND THAT I WILL BE SUBJECTED TO A DRUG TEST PROVIDED BY CENTEGRA HEALTH SYSTEMS IN ORDER TO APPROVE MY HIRING. I UNDERSTAND THAT IF I FAIL THIS TEST MY CONSIDERATION FOR EMPLOYMENT WILL BE GROUNDS FOR TERMINATION.

APPLICANTS SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

### OFFICE USE ONLY

VALID DRIVERS LICENSE SUBMITTED: YES \_\_\_\_\_ NO \_\_\_\_\_

DATE SUBMITTED: \_\_\_\_\_

RECEIVED BY: \_\_\_\_\_