



1386 State Route 117
Roanoke, IL 61561

APPLICATION FOR EMPLOYMENT

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodations to the application and/or interview process should notify a representative of the Human Resource Department.

PLEASE PRINT LEGIBLY , COMPLETE ALL FIELDS AND SIGN THE BACK OF THIS APPLICATION

Last Name	First	Middle	Date of Application (valid for 6 months)
Street Address		Telephone () Is this a cell phone? <input type="checkbox"/> Yes	
City, State, Zip Code		Alternate Telephone () Is this a cell phone? <input type="checkbox"/> Yes	
Have you submitted an application to Parsons before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please give approximate date _____			
Have you ever been employed by Parsons before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please give approximate date _____			
Are you legally eligible for employment in the United State? <input type="checkbox"/> Yes <input type="checkbox"/> No			
How were you referred? <input type="checkbox"/> Advertisement (Circle One) Newspaper/Radio/T.V./ Internet Ad/ Facebook/Parsons Web Site <input type="checkbox"/> Walk-in <input type="checkbox"/> Employee (name) _____ <input type="checkbox"/> Relative (name) _____ <input type="checkbox"/> Discover Manufacturing Expo/Tour Site <input type="checkbox"/> Other _____			
Position Desired (If known)		Pay Anticipated Hourly or Salary? \$ _____ Hour/Year	
Is there a particular shift you cannot work? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which shift(s) can you NOT work? <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd		Shift Preference (ones you will work) 1 st shift _____ 2 nd shift _____ 3 rd shift _____	
Will you work overtime if required? Overtime will likely include Saturdays. <input type="checkbox"/> Yes <input type="checkbox"/> No		When can you begin work?	
Please list any special training or skills that are applicable to the position you are applying for, such as: "can mig weld, can run CNC horizontal machine center, handy with tools, work on cars, have used liquid paint spray gun, can read blueprints, great computer skills, have CDL Class __license", etc.)			

EMPLOYMENT HISTORY

PLEASE PRINT LEGIBLY and COMPLETE ALL FIELDS

Start with most current Employer first. Explain gaps in employment in comments section at bottom of this page.

Employer	Telephone	Dates Employed	Summarize the type of work performed and any job responsibilities you want us to consider.
		<u>From</u> _____ <u>To</u> _____	
Address			
Job Title		Hourly Rate or Yearly Salary	
Immediate Supervisor and Their Title		STARTING	
Reason for Leaving		\$ _____ Per Hour/Year	
May we contact for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No (why?) _____ <input type="checkbox"/> Later		Hourly Rate or Yearly Salary	
		ENDING	
		\$ _____ Per Hour/Year	
Employer	Telephone	Dates Employed	Summarize the type of work performed and any job responsibilities you want us to consider.
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		ENDING	
		\$ _____ Per Hour/Year	

Comments (use this area to explain gaps in employment and anything else you want us to consider in the evaluation of your application)

EDUCATIONAL BACKGROUND

School	Name /Location of School	Course of Study	Years Completed	Did You Graduate	Degree/Diploma
High School				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Business/Trade Technical School				<input type="checkbox"/> Yes <input type="checkbox"/> No	
College				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Graduate				<input type="checkbox"/> Yes <input type="checkbox"/> No	

REFERENCES

List name and telephone number of three business or work references that are NOT related to you and are NOT previous supervisors.

Name AND How Do You Know Them?	Telephone Number	Number of Years Known
	()	
	()	
	()	
	()	

ADDITIONAL INFORMATION

Your background and work history will be discussed with you if you are granted an interview.
You are required to answer all questions below. Answers are verified with reference checks.

HAVE YOU EVER BEEN:

Placed on probation or terminated for poor job performance? Yes No

Disciplined or terminated for insubordination? Yes No

Disciplined or terminated for violating a safety rule? Yes No

Disciplined or terminated for absenteeism, tardiness, failure to notify your company when absent or any other attendance related reason? Yes No

Disciplined or terminated for fighting, assault or similar offense? Yes No

Disciplined or terminated for possession or use of illegal drugs, or for being under the influence of alcohol? Yes No

Acknowledgment

I hereby certify that I have a genuine interest in being hired by Parsons Company, Inc. and that all of the foregoing statements are true and correct. I agree to assume a continuing responsibility to disclose additional or new information, called for by this Employment Application, that becomes known to me after this Application was completed, and understand that my failure to make such a disclosure, and/or falsification of any of the information given herein, on any employment form or in any interview, are grounds for immediate termination, regardless of when such failure or falsification may be discovered.

I authorize Parsons Company to verify my statements and to undertake an investigation to gather and keep as much employment and non-employment information as is permitted by law, and waive any legal requirements to provide notice to me regarding reports or records given or received in accordance with this authorization. Accordingly, all third parties [including individuals, schools, businesses, law enforcement authorities, government agencies and consumer report bureaus] are authorized to disclose any and all requested information to this prospective employer, and I agree to release all third parties, as well as this prospective employer and its employees, from any claims arising out of actions taken per these authorizations.

I understand that as a condition of employment I will be required to take a physical examination, including a drug test, at a facility designated by Parsons Company. I will be required to sign a consent form authorizing a urinalysis for the purpose of detecting the presence of illegal drugs. Refusal to sign the consent form or detection of illegal drugs by the drug test will disqualify me from employment consideration.

If accepted for employment, I understand that use of illegal drugs will be prohibited and I agree to submit to drug testing to detect the use of illegal drugs at any time during my employment. I also agree to comply with all other company policies, procedures, rules and regulations made known to me at the time of employment or any other times thereafter, and to perform all duties assigned to me to the best of my ability.

I understand that an offer of employment does not constitute an agreement or contract for employment for any specified period or definite duration. If accepted for employment, I also understand that I am free to resign at any time, with or without cause, and that my employment may be terminated by Parsons Company at any time, with or without cause, and without liability to me for salary, wages or other benefits except as may have been earned up to the date of the termination of services.

If after accepted for employment, my employment is terminated, regardless if by me or Parsons Company, I agree to abide by those obligations imposed by law on me as a former employee, and I will not, for a period of two (2) years after the termination of my employment, interfere with the relationship that Parsons Company has with any customer, employee, independent contractor or supplier. I understand that such interference may cause significant financial loss to Parsons Company and that Parsons Company may, in addition to all other remedies available to it under law, seek financial restitution from me for any financial loss incurred by Parsons Company as a result of my interference.

I agree to reimburse Parsons Company for any attorney fees, costs and expenses incurred in its successfully defending all or part of any state or federal court lawsuit that I may file against Parsons Company and/or any individual in his or her capacity as an agent of Parsons Company.

Finally, I understand that no representative of Parsons Company, other than an authorized officer, has the authority to make any assurances that are at odds with the above terms and that any such assurances must be in writing and signed by the authorized officer. If any of these terms is held to be invalid or unenforceable, I agree that the remaining terms will remain in full force and effect, and that any court is authorized to reduce any restriction and/or impose any conditions deemed necessary to give protection to the interests which are the subject of the invalid or unenforceable term.

Signature of Applicant _____

Date _____