



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"/> <b>Advertisement</b> (Circle One) Newspaper/Radio/T.V./ Internet Ad/ Facebook/Parsons Web Site <input type="checkbox"/> <b>Walk-in</b> <input type="checkbox"/> <b>Employee</b> (name) _____ <input type="checkbox"/> <b>Relative</b> (name) _____ <input type="checkbox"/> <b>Career Fair</b> (location) _____ <input type="checkbox"/> <b>Other</b> _____			
Position Desired (If known)			Pay Expectations Hourly or Salary? \$ _____ Hour/Year
Is there a particular shift you <b>cannot</b> work? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which shift(s) can you <b>NOT</b> work? <input type="checkbox"/> 1 <sup>st</sup> <input type="checkbox"/> 2 <sup>nd</sup> <input type="checkbox"/> 3 <sup>rd</sup>			Shift Preference (ones you will work) 1 <sup>st</sup> shift _____ 2 <sup>nd</sup> shift _____ 3 <sup>rd</sup> shift _____
Will you work overtime if required? <b>Overtime will likely include Saturdays.</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			When can you begin work?
Please list any <b>special training</b> or <b>skills</b> 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			
Immediate Supervisor and Their Title			
Reason for Leaving			
May we contact for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No (why?) _____ <input type="checkbox"/> Later			
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			
Immediate Supervisor and Their Title			
Reason for Leaving			
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Job Title			
Immediate Supervisor and Their Title			
Reason for Leaving			
May we contact for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No (why?) _____ <input type="checkbox"/> Later			
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			
Immediate Supervisor and Their Title			
Reason for Leaving			
May we contact for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No (why?) _____ <input type="checkbox"/> Later			

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 <b>AND</b> 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 use, possession, selling or distribution of illegal drugs during working hours or in the workplace or for being under the influence of alcohol during working hours or in the workplace?  Yes  No

## ACKNOWLEDGMENT

I 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 in this Application, 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 requirement 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 Parsons Company and/or its agents, and I agree to release all third parties, as well as Parsons Company and its agents, 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 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 my employment.

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. Additionally, I will not, directly or indirectly, for a period of two (2) years after the termination of my employment, interfere with the relationship that Parsons Company has with any customer, independent contractor or supplier, or with any employee of Parsons Company who has access to its confidential information or who interacts with any of its customers. 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 prosecution of any claims it may have against me, and in its successfully defending all or part of any state or federal court lawsuit that I may file against Parsons Company and/or any agent of Parsons Company. While Parsons Company hopes to satisfactorily resolve any complaint I may have against it or its agents, I agree that except as otherwise provided by law, I will file any state or federal court complaint within 180 days of the date I knew or should have known I had a claim against Parsons Company or its agents and agree that the complaint will be barred if not timely filed. I also agree to request a non-jury trial and waive a trial-by-jury. I further agree to file my complaint as an individual and waive any right to proceed as a representative of another person.

Finally, I understand that no representative of Parsons Company, other than an authorized officer, has the authority to make any promise that is at odds with the above terms and that any such promise 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 the presiding 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 \_\_\_\_\_