

KELLY GLASS, INC. 2400 SW ADAMS

PEORIA, ILLINOIS 61602 309-676-3573 309-676-3722 FAX

APPLICATION FOR EMPLOYMENT

APPLICANT INFORMATION						
Last Name		First	M.I.	Date		
Street Address				Apartment/Unit #		
City		State	ZIP			
Phone		E-mail Address				
Date Available	Desired Sal	ary				
Position Applied for						
Are you authorized to work in the United YES NO						
Have you ever worked for this company?	YES 🗌 🛛 N	IO 🗌 If so, when?				

EDUCATION					
High School		Address			
From	То	Did you graduate?	YES 🗌	NO 🗌	Degree
College			Address		
From	То	Did you graduate?	YES 🗌	NO 🗌	Degree
Other		Address			
From	То	Did you graduate?	YES 🗌	NO 🗌	Degree

REFERENCES				
Please list three professional references.				
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	Job Title		Responsibilities		
From	То	Reason for Leaving			
May we contact your previous supervisor for a reference? YES			NO 🗌		
Company			Phone ()		
Address			Supervisor		
Job Title Responsibilities		Responsibilities			
From	То	Reason for Le	aving		
May we contact your previous supervisor for a reference? YES			NO 🗌		
Company			Phone ()		
Address			Supervisor		
Job Title Responsibilities					
From	То	Reason for Leaving			
May we contact your previous supervisor for a reference? YES NO					

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.				
ignature Date				