

APPLICANT'S STATEMENT

SIGNATURE AND DATING OF THIS SECTION IS REQUIRED FOR APPLICATION CONSIDERATION.

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I understand that any additional information written on this application other than that which is asked for, will void any consideration of the applicant.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

I further understand that overtime hours will be required upon the request of Employer.

Signature of Applicant

Date



ANDERSON LOCK

850 East Oakton Street • Des Plaines, IL 60018

(847) 824-2800 FAX (847) 296-9259

**APPLICATION
FOR EMPLOYMENT**



ANDERSON LOCK

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status. We maintain a Smoke-Free Environment.

PLEASE PRINT

Last Name		First Name		Middle Name	Today's Date
Address		Street	City	State	Zip Code
Home Phone Number		Cell Phone Number		Social Security Number	
eMail Address			Driver's License Number (required)		
Position Applied For					
How did you learn about us?		<input type="checkbox"/> Friend	<input type="checkbox"/> Advertisement	<input type="checkbox"/> Relative	
		<input type="checkbox"/> Employment Agency	Other (specify) _____		

Yes No If you are under 18 years of age, can you provide required proof of your eligibility to work?

Yes No Have you ever filed an application with us before? If yes, give approximate date _____

Yes No Do any of your friends or relatives work here? If yes, state name, relationship and position: _____

Date available for work ____ / ____ / ____

Are you available to work: Full time Part time Temporary

Are you currently on "lay-off" status and subject to recall? Yes No

Can you travel if a job requires it? Yes No

**DO NOT SUBSTITUTE YOUR RESUME FOR INFORMATION REQUIRED ON THIS APPLICATION.
TO BE CONSIDERED FOR EMPLOYMENT AT ANDERSON LOCK, YOU MUST COMPLETE THIS ENTIRE FORM.
WE ARE AN EQUAL OPPORTUNITY EMPLOYER**

EDUCATION			
NAME & LOCATION OF SCHOOL	COURSE OF STUDY	NO. YEARS COMPLETED	DIPLOMA / DEGREE
High School:			
Undergraduate College:			
Graduate / Professional:			
Other (specify):			
WORK EXPERIENCE			
<i>Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.</i>			
EMPLOYER(S)	DATES EMPLOYED		JOB TITLE / WORK PERFORMED
Company Name:	From:	To:	Starting Job Title:
Company Address:			Ending Job Title:
Company City, State, Zip:			Work Performed:
Phone Number(s):	HOURLY RATE / SALARY		
Supervisor:	Starting:	Final:	
Reason for Leaving:			
Company Name:	From:	To:	Starting Job Title:
Company Address:			Ending Job Title:
Company City, State, Zip:			Work Performed:
Phone Number(s):	HOURLY RATE / SALARY		
Supervisor:	Starting:	Final:	
Reason for Leaving:			
Company Name:	From:	To:	Starting Job Title:
Company Address:			Ending Job Title:
Company City, State, Zip:			Work Performed:
Phone Number(s):	HOURLY RATE / SALARY		
Supervisor:	Starting:	Final:	
Reason for Leaving:			
Company Name:	From:	To:	Starting Job Title:
Company Address:			Ending Job Title:
Company City, State, Zip:			Work Performed:
Phone Number(s):	HOURLY RATE / SALARY		
Supervisor:	Starting:	Final:	
Reason for Leaving:			
<i>We may contact the employers listed above unless you indicate ones you do not want us to contact:</i>			
Do not contact:	Reason:		
Comments (Include explanation of any gaps in employment):	What is your desired salary range?		
Have you ever been bonded: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, with what employers?		
Have you ever been convicted of a crime? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, describe in full:		

DESCRIBE ANY SPECIALIZED TRAINING, APPRENTICESHIPS, SKILLS AND EXTRA-CURRICULAR ACTIVITIES:			
DESCRIBE ANY JOB-RELATED TRAINING RECEIVED IN THE UNITED STATES MILITARY:			
LIST PROFESSIONAL, TRADE, BUSINESS OR CIVIC ACTIVITIES AND OFFICES HELD: <i>You may exclude any which would reveal race, religion, national origin, age, disability or other protected status.</i>			
ADDITIONAL INFORMATION: <i>Summarize special job-related skills and qualifications acquired from employment or other experience.</i>			
STATE ANY ADDITIONAL INFORMATION YOU FEEL MAY BE HELPFUL TO US IN CONSIDERING YOUR APPLICATION:			
SPECIALIZED SKILLS (skills / equipment operated):			
PERSONAL / PROFESSIONAL REFERENCES (Do not include family members or past supervisors.)			
NAME	PHONE NUMBER	BEST TIME TO CALL	OCCUPATION
1.			
2.			
3.			