



EMPLOYMENT APPLICATION

Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin, or handicap.

Home Office:

Peoria 7620 N. Harker Dr., Peoria, IL 61615 / Ph. (309) 693-3171

Branch Offices:

Galesburg
311 E. Main St., Ste. 220
Galesburg, IL 61401
Ph. (309) 343-4007
Fax (309) 343-4016

Moline
1530 46th Ave., Ste. 2A
Moline, IL 61265
Ph. (309) 797-6630
Fax (309) 797-6827

Peru
4375 Venture Dr.
Peru, IL 61354
Ph. (815) 220-0400
Fax (815) 220-0500

Urbana
1910 N. Federal Dr., Ste. 135
Urbana, IL 61801
Ph. (217) 344-5474
Fax (217) 344-5476

PERSONAL INFORMATION

LAST FIRST MIDDLE INT. "NICKNAME"

NAME _____

STREET ADDRESS _____

CITY, STATE, ZIP _____

BUSINESS PHONE (If okay to call) () _____ - _____

HOME PHONE () _____ - _____

E-MAIL _____

PAY EXPECTED _____

SOCIAL SECURITY # _____ - _____ - _____

POSITION DESIRED _____

DATE AVAILABLE TO BEGIN WORK _____

ARE YOU ON LAYOFF AND SUBJECT TO RECALL? YES NO

ARE YOU AT LEAST 18 YEARS OF AGE? YES NO

ARE YOU AVAILABLE FOR FULL-TIME? YES NO

IF NOT, WHAT HOURS CAN YOU WORK? _____

WILL YOU WORK OVERTIME IF ASKED? YES NO

ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THE UNITED STATES? YES NO (IF YES, PROOF IS REQUIRED)

SPECIAL TRAINING OR SKILLS _____

HOW DID YOU LEARN OF OUR ORGANIZATION? _____ REFERRED BY _____

HAVE YOU EVER WORKED HERE BEFORE? _____ IF SO, WHEN? _____

NAME/DEPARTMENT OF ANY RELATIVES EMPLOYED BY ROYAL PUBLISHING _____

IN CASE OF EMERGENCY NOTIFY _____ AT PHONE () _____ - _____

ADDRESS _____

FOR OFFICE USE ONLY

EMPLOYEE # _____ BRANCH _____

START DATE _____ POSITION _____

PAY RATE _____ FULL-TIME PART-TIME

IF PART-TIME, HOURS _____

ENTERED IN BRAVO _____

ENTERED IN THE HUB _____

CASUAL DAY YES NO D.O.B. ____/____/____

FEDERAL EXEMPTION _____

STATE EXEMPTION _____

VERIFY EMPLOYEE UPDATED "MY ACCOUNT" IN THE HUB

EDUCATION

SCHOOL	NAME AND LOCATION	COURSE OF STUDY	YEARS COMPLETED	DID YOU GRADUATE?	DEGREE OR DIPLOMA
COLLEGE					
HIGH					
OTHER					

PREVIOUS EMPLOYMENT INFORMATION

Please give accurate, complete information. Start with present or most recent employer.

COMPANY NAME	TELEPHONE () -
ADDRESS	EMPLOYED (Month & Year) FROM TO
NAME OF SUPERVISOR	MAY WE CONTACT? YES <input type="checkbox"/> NO <input type="checkbox"/>
JOB TITLE & WORK DESCRIPTION	IF NOT, WHY?
REASON FOR LEAVING	

COMPANY NAME	TELEPHONE () -
ADDRESS	EMPLOYED (Month & Year) FROM TO
NAME OF SUPERVISOR	MAY WE CONTACT? YES <input type="checkbox"/> NO <input type="checkbox"/>
JOB TITLE & WORK DESCRIPTION	IF NOT, WHY?
REASON FOR LEAVING	

COMPANY NAME	TELEPHONE () -
ADDRESS	EMPLOYED (Month & Year) FROM TO
NAME OF SUPERVISOR	MAY WE CONTACT? YES <input type="checkbox"/> NO <input type="checkbox"/>
JOB TITLE & WORK DESCRIPTION	IF NOT, WHY?
REASON FOR LEAVING	

REFERENCES

List three persons not related to you whom you have known for at least one year.

NAME	ADDRESS	PHONE	BUSINESS	YEARS ACQU.

The information provided in this Application for Employment is true, correct, and complete. If employed, any misstatement or omission of fact on this application may result in my dismissal or at the Company's sole option, my being placed in another position. I also understand that misstatements or omissions of fact in this application or in my interview will be a basis for my not being hired.

I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future. I further understand that if I am employed by the Company that my employment will be "at will" and that no representations as to the term or the conditions of my employment have been made to me by the Company or any of its representatives.

I authorize the Company to request and receive all information relating to me in order to review my education, previous employment, driving, criminal records, and any other background data.

I understand that as a condition of my employment I may be required to submit to drug or alcohol testing and that either my refusal to participate in such a test or the results indicative of positive use may be grounds for my immediate dismissal or (if applicable) the basis for my not being hired.

_____ Date

EQUAL OPPORTUNITY EMPLOYER

_____ Signature

PJT00228