



**ROYAL
PUBLISHING**

www.royalpublishing.com

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:

Bloomington
1730 N. Bradford Ln., Ste. 185
Normal, IL 61761
Ph. (309) 829-6191
Fax (309) 828-3783

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) 797-6615

Peru
4375 Venture Dr.
Peru, IL 61354
Ph. (815) 220-0400
Fax (815) 220-0550

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

LAST FIRST MIDDLE INT. "NICKNAME"

FOR OFFICE USE ONLY

NAME _____

STREET ADDRESS _____

CITY, STATE, ZIP _____

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

SOCIAL SECURITY # _____ PAY EXPECTED _____

POSITION DESIRED _____ DATE AVAILABLE TO BEGIN WORK _____

ARE YOU ON LAYOFF AND SUBJECT TO RECALL? 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 (IF YES, PROOF IS REQUIRED.) NO

SPECIAL TRAINING OR SKILLS _____

ARE YOU AT LEAST 18 YEARS OF AGE? YES NO

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 _____

PERSONAL INFORMATION

EDUCATION

SCHOOL	NAME AND LOCATION	COURSE OF STUDY	YEARS COMPLETED	DID YOU GRADUATE?	DEGREE OR DIPLOMA
COLLEGE				<input type="checkbox"/> YES <input type="checkbox"/> NO	
HIGH				<input type="checkbox"/> YES <input type="checkbox"/> NO	
ELEMENTARY				<input type="checkbox"/> YES <input type="checkbox"/> NO	
OTHER				<input type="checkbox"/> YES <input type="checkbox"/> NO	

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	WEEKLY PAY START LAST
JOB TITLE & WORK DESCRIPTION	MAY WE CONTACT? YES <input type="checkbox"/> NO <input type="checkbox"/>
REASON FOR LEAVING	IF NOT, WHY?

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

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

REFERENCES

List 3 persons not related to you whom you have known for at least 1 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 if 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