



# 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

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