

For Office Use Only

To be filled out by person administering application file

Company:



Location (City of Op-Co): _____

Position Applied for: _____

Send Applicant Results to: _____

Date: _____

(Application will not be processed without this form.)

**Please fax the completed application and forms along with
this cover sheet to HR at **219-261-2879**
then inter-company mail the original forms**



Schilli Leasing, Inc.

Application for Employment with Schilli Leasing, Inc.

All applicants are given equal consideration without discrimination because of race, creed, religion, gender, age, national origin, or veteran status. You will be asked to provide documentation upon hire, that you are authorized to work in the U.S.

Last Name	First Name	Middle Name	Date
Street Address			Home Phone/Contact Number
			() -
City	State	Zip Code	Business Phone
			() -
Have you ever applied for employment with us?			Social Security No.
<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, date? location?			
Are any relatives employed with the Schilli Companies? If so, please name them.			
Apart from absence for religious observance, are you available for full-time work?			Can you work overtime if asked?
<input type="checkbox"/> Yes <input type="checkbox"/> No If not, what hours can you work?			<input type="checkbox"/> Yes <input type="checkbox"/> No

School	Name and Location of School	Course of Study	No. years completed	Did you graduate?	Degree or Diploma
Coll.				<input type="checkbox"/> Yes <input type="checkbox"/> No	
High				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Elem.				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Special Training or skills [languages, machine operation, etc.]					

Please take a moment and tell us the following 3 things about yourself. 1) What are your strengths? 2) What are you looking for in a job with us? And 3) What range of compensation are you looking for?

Important! Please READ carefully, and sign below:

The information provided in this application for employment is correct and complete. If employed, any misstatement or omission of fact on this application may result in my dismissal.

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.

If you decide to engage an investigative consumer reporting agency to report on my credit and personal history, I authorize you to do so. Previous employers will be contacted for purposes of verification of information provided. I hereby release all persons, firms and corporations from all liability for any damages on account of furnishing such information. I authorize you, Schilli Leasing, Inc. To make such investigation or inquiry of my personal, employment, criminal convictions, motor vehicle operator's record, financial or medical history or other related matters as may be necessary at arriving at an employment decision. Inquiries regarding medical history will be made only after an offer of conditional employment is extended.

I hereby release employers, schools, health care providers and other persons from liability in responding to inquiries releasing information in connection with this application.

We may contact the employers listed above, UNLESS you indicate those you do not want us to contact:

DO NOT CONTACT: Employer(s): _____

Reason(s): _____

Signature

Date
