



APPLICATION FOR EMPLOYMENT				PLEASE PRINT	
Last Name		First	M.I.	Home # Cell #	
Address		Street		City	State
					Zip Code
EXPECTED HOURLY RATE	TODAY'S DATE		DATE YOU CAN START		YOU ARE APPLYING FOR:

- | | | |
|--|--------------------------|--------------------------|
| | Yes | No |
| 1. If hired can you provide legal documents that prove your right to work in the U.S.A.? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Being on your feet 6-9 hours at a time is a requirement for all positions. Are you able & willing to comply with this requirement? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. We may train on days when you have other obligations. Are you willing to reschedule your plans to come to training? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. We have specific requirements for personal appearance. These are clean and appropriate work clothing, no excessive jewelry or makeup, specific hair length and restraints as well as other details described in our handbook. Are you willing to meet our requirements? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Do you have a reliable means of getting to work? If yes, describe: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Have you ever been convicted of a felony? If yes, describe: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Are you willing to work holidays, weekends and flexible hours? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Do you have any health restrictions that would affect your ability to work? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. What is the minimum amount of money you need to earn? \$/ Week _____ \$/ Month _____ | | |
| 10. If offered a position how long do you plan to remain with us? _____ | | |
| 11. Please describe (specifically) any upcoming vacation plans. _____ | | |
| 12. What commitments do you have, or anticipate, that may affect your schedule? _____ | | |

What shifts are you available to work? We have shifts available from 9:00 am to 2:00 am.
Please list hours of availability in each AM / PM box.

MON	TUE	WED	THU	FRI	SAT	SUN	
							FROM
							TO
EDUCATION		LAST GRADE COMPLETED		GPA	Subjects	DIPLOMA	
High School		9	10	11	12		
College / Community College		1	2	3	4		
Vocational							
Career or Industry Specific Training or Seminars							

Describe skills, experience and/or training that is related to the position for which you are applying.				
RECORD OF EMPLOYMENT (<i>list most recent employer first</i>)				
Company	From	To	Wage	Position
Address	Type of Business			
Reason For Leaving	Supervisor			
From				
To				
Wage				
Position				
Company				
Address	Type of Business			
Reason For Leaving	Supervisor			
From				
To				
Wage				
Position				
Company				
Address	Type of Business			
Reason For Leaving	Supervisor			

How did you hear about Chicago Fire? Please circle all that apply

NEWSPAPER

FRIEND

BANNER

OTHER

PLEASE LIST AT LEAST TWO REFERENCES WHO HAVE KNOWN YOU FOR MORE THAN 1 YEAR.

NAME	ADDRESS	PHONE	RELATIONSHIP

I AFFIRM THAT ALL INFORMATION IN THIS APPLICATION IS TRUE AND COMPLETE. ANY MISREPRESENTATION, FALSE STATEMENT OR OMMISSION OF FACTS CALLED FOR, SHALL BE GROUNDS FOR REFUSAL OF EMPLOYMENT, OR, IF HIRED, DISMISSAL FROM EMPLOYMENT. I UNDERSTAND THAT ANY VIOLATION OF COMPANY RULES, POLICIES, STANDARDS OR PROCEDURES CONSTITUTES GROUNDS FOR DISMISSAL. I AGREE TO CONFORM TO THE RULES, POLICIES, STANDARDS AND REGULATIONS OF WOCR, INC.* I UNDERSTAND THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED WITH OR WITHOUT CAUSE AND WITH OR WITHOUT NOTICE, AT ANY TIME AT THE OPTION OF WOCR, INC.* OR MYSELF, AND I UNDERSTAND THAT NO REPRESENTATIVE OF THE THE COMPANY HAS THE AUTHORITY TO MAKE ANY MODIFICATIONS, EITHER VERBALLY OR IN WRITING TO THE CONTRARY.

NAME (PRINT)

SIGNATURE

DATE