



The Motor Works of DeKalb, Inc.  
 316 E Taylor St. DeKalb, Ill 60115  
 motorworks@motorw.com  
 815-756-2882

**Employment  
 Application**

*It is the policy of **The Motor Works of DeKalb Inc** to provide equal employment opportunities to all applicants and employees without regard to any legally protected status such as race, color, religion, gender, national origin, age, disability or military service.*

**Please complete all sections and answer all questions. Incomplete applications will not be not be considered for an interview.**

**APPLICANT** (Please print)

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/ Zip: \_\_\_\_\_

Years at this address? \_\_\_\_\_ Home phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_

Driver's license (State/Number): \_\_\_\_\_

Position applied for: \_\_\_\_\_

Wage desired: \$\_\_\_\_\_per \_\_\_\_\_

Have you applied with company previously? \_\_\_\_ YES \_\_\_\_ NO

If yes, when? \_\_\_\_\_

Are you at least 18 years old? \_\_\_\_ YES \_\_\_\_ NO

Are you legally eligible to work in the United States? \_\_\_\_ YES \_\_\_\_ NO

Have you ever been convicted of a felony or misdemeanor? \_\_\_\_ YES \_\_\_\_ NO

If yes, explain: \_\_\_\_\_

If you are offered employment when are you available to start? \_\_\_\_\_

How will you get to work? \_\_\_\_\_

Are there any hours you are not able to work? \_\_\_\_\_

Are you able to perform the essential functions of the job position with or without reasonable accommodation? \_\_\_\_ WITH \_\_\_\_ WITHOUT

If with, what reasonable accommodation would you require?

\_\_\_\_\_

**EMPLOYMENT HISTORY** *(Start with current or most recent employer first)*

Company name: \_\_\_\_\_

Supervisor's name &amp; phone: \_\_\_\_\_

Street address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Job duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Date of employment: From \_\_\_\_\_ to \_\_\_\_\_

Company name: \_\_\_\_\_

Supervisor's name &amp; phone: \_\_\_\_\_

Street address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Job duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Date of employment: From \_\_\_\_\_ to \_\_\_\_\_

Company name: \_\_\_\_\_

Supervisor's name &amp; phone: \_\_\_\_\_

Street address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Job duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Date of employment: From \_\_\_\_\_ to \_\_\_\_\_

**EDUCATION and TRAINING**

High School name: \_\_\_\_\_

City/State: \_\_\_\_\_

Years you attended High School: \_\_\_\_\_

College name: \_\_\_\_\_

City/State: \_\_\_\_\_

Did you receive a degree? \_\_\_\_ YES \_\_\_\_ NO

If yes, what degree was earned? \_\_\_\_\_

**EDUCATION and TRAINING** *(Continued)*

Any other education or training: \_\_\_\_\_

Awards, honors or special achievements: \_\_\_\_\_

Licenses or certifications: \_\_\_\_\_

**OTHER**

Please provide any other information you would like considered: \_\_\_\_\_

The information I have provided on this application is accurate and truthful. I understand that providing false or misleading information will be the basis for rejecting my application, or if employment commences immediate termination.

I authorize **The Motor Works of DeKalb Inc** to contact former employers and educational institutions regarding my employment and education. I authorize my former employers and education institutions to fully and freely communicate information regarding my previous employment, attendance and grades.

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE

## AUTHORIZATION FOR BACKGROUND CHECK

Your written authorization is necessary for completion of the application process.

I authorize **The Motor Works of DeKalb Inc** to investigate my background and qualifications for purposes of evaluating whether I am qualified for the position for which I am applying. I understand that **The Motor Works of DeKalb Inc** will utilize an outside firm or firms to assist it in checking such information, and I specifically authorize such an investigation by information services and outside entities of the company's choice. I also understand that I may withhold my permission and that in such a case, no investigation will be done, and my application for employment will not be processed further.

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Signature of Applicant

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Date

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Print Applicant's Name