

## Application for Employment

**Hamilton Partners, Inc.**  
**300 Park Blvd., Suite 201**  
**Itasca, IL 60143**

Please print or type

Hamilton Partners, Inc. provides Equal Opportunity to all persons without regard to race, color, sex, religion, national origin, age, Vietnam era/disabled veteran status, or disability, or other bases prohibited by applicable law.

Position(s) applied for \_\_\_\_\_ Date of Application \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle

If you are under 18 and it is required, can you furnish a work permit? Yes No

If no explain \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip Code

Telephone ( ) \_\_\_\_\_ Best time to call \_\_\_\_\_

May we contact you at work? Yes No ( ) \_\_\_\_\_

Have you submitted an application here before?

☐ Yes ☐ No

If yes, give dates/positions \_\_\_\_\_

Are you legally eligible for employment in this country? ☐ Yes ☐ No

If driving is part of your job requirement, would you be able to provide a valid Driver's License? ☐ Yes ☐ No

Have you ever been employed here before?

☐ Yes ☐ No

If yes, give dates/positions \_\_\_\_\_

Date available for work \_\_\_\_\_

List all job related skills/computer skills/certifications

Type of employment desired:

☐ Full-Time ☐ Seasonal  
☐ Part-Time ☐ Temporary

## Educational Background

Starting with your most recent school attended, provide the following information

School (Include City and State)	# of Years Completed	Completed (degree/certification)	GPA	Major/Minor

## Employment History

Starting with your most recent employer, provide the following information, including Military Service.

<hr/>		Employment Dates	<hr/>				
Employer	(    )		Month	Year	To	Month    Year	
<hr/>							
Street Address	City	State	Zip Code				
<hr/>							
Immediate Supervisor		Positions held					
<hr/>							
List Job Responsibilities							
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Why did you leave?							
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<hr/>		Employment Dates	<hr/>				
Employer	(    )		Month	Year	To	Month    Year	
<hr/>							
Street Address	City	State	Zip Code				
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Immediate Supervisor		Positions held					
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List Job Responsibilities:							
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Why did you leave?							
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Employer	(    )		Month	Year	To	Month    Year	
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Street Address	City	State	Zip Code				
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Immediate Supervisor		Positions held					
<hr/>							
List Job Responsibilities							
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Why did you leave?							
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### References

List names and telephone number of three business/work references who are not related to you. If not applicable, list three school or personal references who are not related to you.

Name	Title	Relationship to you	Telephone	# of Years Known

If not addressed on previous page, have you ever been fired or asked to resign from a job?

☐ Yes

☐ No

If yes, please explain

Explain any gaps in your employment history

### Application Statement

I certify that all information I have provided in order to apply for and secure work with this employer is true, complete and correct.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that this employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, may (I) eliminate me from further consideration for employment or (II) result in my immediate discharge from the employer's service, whenever it is discovered.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT

I certify that I have read, fully understand and accept all terms of the foregoing Application Statement.

Signature of Applicant:

Date of Signature:

## Hamilton Partners, Inc

### **APPLICANT AFFIRMATIVE ACTION INFORMATION FORM**

#### **Voluntary**

Thank you for your interest in employment with Hamilton Partners. The following questions about your race and gender and Protected Veteran status are included only because of government regulations. As an Equal Opportunity Employer, Hamilton Partners does not use this information in its employment decisions, so whether or not you return this form has no effect on your application. To the extent we are a government contractor subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, we comply with requirements to take affirmative action regarding the employment of, and advancement in employment of, qualified Protected Veterans (disabled veterans, active duty wartime or campaign badge veterans, Armed Forces service medal veterans, and recently separated veterans). If you come within any of those categories, and would like to be included in our affirmative action program, you may tell us now or at any time in the future. We also invite you to tell us now, or at any time in the future, about any reasonable accommodations that you believe we could make which would better enable you to perform the essential functions of the job properly and safely. Submitting this information is voluntary. Providing it or declining to provide it will not affect your application or employment in any way. If you choose to submit the information, it will be kept confidential to the extent provided by law.

1. Name: \_\_\_\_\_

2. Date of application: \_\_\_\_\_

3. Position(s) applied for: \_\_\_\_\_

4. Gender:        ☐ Male        ☐ Female

5. Race/ethnic background (check one only):

- |   |   |
|---|---|
| <input type="checkbox"/> Hispanic/Latino                        | Persons of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.   |
| <input type="checkbox"/> White                                  | Persons having origins in any of the original peoples of Europe, the Middle East or North Africa.   |
| <input type="checkbox"/> Black/African American                 | Persons having origins in any of the black racial groups of Africa.   |
| <input type="checkbox"/> Asian                                  | Persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam. |
| <input type="checkbox"/> Native Hawaiian/Other Pacific Islander | Persons having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.  |
| <input type="checkbox"/> American Indian/Alaska Native          | Persons having origins in any of the original peoples of North and South America, (including Central America), and who maintain tribal affiliation or community attachment.   |
| <input type="checkbox"/> Two or more Races                      | Non-Hispanic persons who identify with more than one of the following five races: (1) White, (2) Black, (3) Asian, (4) Native Hawaiian/Other Pacific Islander, (5) American Indian/Alaska Native.   |

6. Veteran Status:

a. Status: Check one of the following boxes

- ☐ I identify as one or more of the classifications of Protected Veteran listed below.
- ☐ I identify as a veteran, just not a Protected Veteran.
- ☐ I am not a veteran.
- ☐ I do not wish to self-identify.

b. Protected Veterans are described as:

Disabled Veteran--	(Veteran entitled to VA-administered disability compensation for, or discharged from active duty because of, a service-connected disability, or who would be so entitled but for receipt of military retired pay).
Active Duty Wartime or Campaign Badge Veteran--	(Veteran who served on active duty during a war or a campaign or expedition for which a campaign badge has been authorized. List of eligible campaigns can be found at <a href="http://www.opm.gov/staffingportal/vgmedal2.asp">http://www.opm.gov/staffingportal/vgmedal2.asp</a>
Armed Forces Service Medal Veteran--	(Veteran who, while on active duty, participated in a military operation for which an Armed Forces Service Medal was awarded pursuant to Exec. Order No. 12985).
Recently Separated Veteran--	(Veteran who served on active duty and was discharged or released from active duty within the last three years).

If you wish to provide this information, you may submit it with your application form or send it to the appropriate address

## Voluntary Self-Identification of Disability

Form CC-305  
Page 1 of 1

OMB Control Number 1250-0005  
Expires 04/30/2026

Name:  
Employee ID:

Date:

(if applicable)

### Why are you being asked to complete this form?

We are a federal contractor or subcontractor. The law requires us to provide equal employment opportunity to qualified people with disabilities. We have a goal of having at least 7% of our workers as people with disabilities. The law says we must measure our progress towards this goal. To do this, we must ask applicants and employees if they have a disability or have ever had one. People can become disabled, so we need to ask this question at least every five years.

Completing this form is voluntary, and we hope that you will choose to do so. Your answer is confidential. No one who makes hiring decisions will see it. Your decision to complete the form and your answer will not harm you in any way. If you want to learn more about the law or this form, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at [www.dol.gov/ofccp](http://www.dol.gov/ofccp).

### How do you know if you have a disability?

A disability is a condition that substantially limits one or more of your "major life activities." If you have or have ever had such a condition, you are a person with a disability. **Disabilities include, but are not limited to:**

- Alcohol or other substance use disorder (not currently using drugs illegally)
- Autoimmune disorder, for example, lupus, fibromyalgia, rheumatoid arthritis, HIV/AIDS
- Blind or low vision
- Cancer (past or present)
- Cardiovascular or heart disease
- Celiac disease
- Cerebral palsy
- Deaf or serious difficulty hearing
- Diabetes
- Disfigurement, for example, disfigurement caused by burns, wounds, accidents, or congenital disorders
- Epilepsy or other seizure disorder
- Gastrointestinal disorders, for example, Crohn's Disease, irritable bowel syndrome
- Intellectual or developmental disability
- Mental health conditions, for example, depression, bipolar disorder, anxiety disorder, schizophrenia, PTSD
- Missing limbs or partially missing limbs
- Mobility impairment, benefiting from the use of a wheelchair, scooter, walker, leg brace(s) and/or other supports
- Nervous system condition, for example, migraine headaches, Parkinson's disease, multiple sclerosis (MS)
- Neurodivergence, for example, attention-deficit/hyperactivity disorder (ADHD), autism spectrum disorder, dyslexia, dyspraxia, other learning disabilities
- Partial or complete paralysis (any cause)
- Pulmonary or respiratory conditions, for example, tuberculosis, asthma, emphysema
- Short stature (dwarfism)
- Traumatic brain injury

### Please check one of the boxes below:

- Yes, I have a disability, or have had one in the past  
No, I do not have a disability and have not had one in the past  
I do not want to answer

**PUBLIC BURDEN STATEMENT:** According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.

### For Employer Use Only

Employers may modify this section of the form as needed for recordkeeping purposes.

For example:

Job Title:

Date of Hire: