

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

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 http://www.opm.gov/staffingportal/vgmedal2.asp) |
| 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
OMB Control Number 1250-0005
Expires 1/31/2020
Page 1 of 2

Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities.¹ To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

- Blindness
- Autism
- Bipolar disorder
- Post-traumatic stress disorder (PTSD)
- Deafness
- Cerebral palsy
- Major depression
- Obsessive compulsive disorder
- Cancer
- HIV/AIDS
- Multiple sclerosis (MS)
- Impairments requiring the use of a wheelchair
- Diabetes
- Schizophrenia
- Missing limbs or partially missing limbs
- Intellectual disability (previously called mental retardation)
- Epilepsy
- Muscular dystrophy

Please check one of the boxes below:

- YES, I HAVE A DISABILITY (or previously had a disability)
- NO, I DON'T HAVE A DISABILITY
- I DON'T WISH TO ANSWER

Your Name

Today's Date

Voluntary Self-Identification of Disability

Form CC-305
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Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

¹ Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

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.