

**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 ( ) \_\_\_\_\_  
 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 submitted an application here before?  Yes  No  
 If yes, give dates/positions \_\_\_\_\_  
 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.

_____ Employer	( ) Telephone #	Employment Dates	_____ Month	_____ Year	To	_____ Month	_____ Year
_____ Street Address	_____ City	_____ State	_____ Zip Code	May we contact for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No			
_____ Immediate Supervisor	_____ Positions held						
List Job Responsibilities _____							
Why did you leave? _____							

_____ Employer	( ) Telephone #	Employment Dates	_____ Month	_____ Year	To	_____ Month	_____ Year
_____ Street Address	_____ City	_____ State	_____ Zip Code	May we contact for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No			
_____ Immediate Supervisor	_____ Positions held						
List Job Responsibilities: _____							
Why did you leave? _____							

_____ Employer	( ) Telephone #	Employment Dates	_____ Month	_____ Year	To	_____ Month	_____ Year
_____ Street Address	_____ City	_____ State	_____ Zip Code	May we contact for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No			
_____ Immediate Supervisor	_____ Positions held						
List Job Responsibilities _____							
Why did you leave? _____							

**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):

- Hispanic/Latino      Persons of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- White      Persons having origins in any of the original peoples of Europe, the Middle East or North Africa.
- Black/African American      Persons having origins in any of the black racial groups of Africa.
- 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.
- Native Hawaiian/Other Pacific Islander      Persons having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- 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.
- 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 05/31/2023

Name: \_\_\_\_\_  
Employee ID: \_\_\_\_\_  
(if applicable)

Date: \_\_\_\_\_

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

We are a federal contractor or subcontractor required by law to provide equal employment opportunity to qualified people with disabilities. We are also required to measure our progress toward having at least 7% of our workforce be individuals with disabilities. To do this, we must ask applicants and employees if they have a disability or have ever had a disability. Because a person may become disabled at any time, we ask all of our employees to update their information at least every five years.

Identifying yourself as an individual with a disability is voluntary, and we hope that you will choose to do so. Your answer will be maintained confidentially and not be seen by selecting officials or anyone else involved in making personnel decisions. Completing the form will not negatively impact you in any way, regardless of whether you have self-identified in the past. For more information about this form or the equal employment obligations of federal contractors under Section 503 of the Rehabilitation Act, 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?

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:*

- Autism
- Autoimmune disorder, for example, lupus, fibromyalgia, rheumatoid arthritis, or HIV/AIDS
- Blind or low vision
- Cancer
- Cardiovascular or heart disease
- Celiac disease
- Cerebral palsy
- Deaf or hard of hearing
- Depression or anxiety
- Diabetes
- Epilepsy
- Gastrointestinal disorders, for example, Crohn's Disease, or irritable bowel syndrome
- Intellectual disability
- Missing limbs or partially missing limbs
- Nervous system condition for example, migraine headaches, Parkinson's disease, or Multiple sclerosis (MS)
- Psychiatric condition, for example, bipolar disorder, schizophrenia, PTSD, or major depression

### Please check one of the boxes below:

- Yes, I Have A Disability, Or Have A History/Record Of Having A Disability  
No, I Don't Have A Disability, Or A History/Record Of Having A Disability
- I Don't Wish 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: \_\_\_\_\_