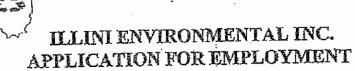
Please complete and email to Scott Kohler at s.kohler@illinienv.com once completed.



Today's Date		-		
employment contract misleading statemen	ct. Please answer all questions ats are grounds for refusal or ter	completely (do not u mination of employm	tens and benefits. It is	lifications for employment. It is not an best of your ability. False ar the policy of this Company as an Equal applicant for employment on the basis atus, or any other status protected by
	COMPLETE ALL Q	uestions: PL	ease print cap	EFULLY.
CONTACT INF	ORMATION			
NAME Last	First		Middle	Suffix if applicable
HOME ADDRES	S Number & Street		City	State & Zip
Home Phone (wit	h area sode)	Doylime Phon	e (with area code)	May we contact you at work?
Are you 18 years	of age or older? Li Yes Ul	Чo		
Are you legally e	ligible for employment in this	s country? 🗆 Yes	□ No (Proof of eligib	ility will be required upon employment)
POSITION			7/74	121
Position desired			Wha	t date are you available to start?
Work Availability	. П Full-Time ПРад	Time () Se	ลรอกล่	
Are you willing to	o travel? 1: Yes 1: No westlon, any restrictions?	Are you willin	ng to relocate? 17 Y	cs ©No
y 122 av anna a				
Previously emplo Posicion held:	yed by Illini Environmental,	Inc? 🗆 Yes 🗀 No Reason for les	i If YES, starting a wing:	nd ending dates:
Who referred you	to us?			
EDUCATION	Name of School - City & S	iora	Degree Received	Major & Minor Fields of Study
School High School	Name of School - City & C	,		
College				
Other (including				

EMPLOYMENT HISTORY

PRESENT

Сотралу Кате:

Dates Warked (From To):

OR LAST EMPLOYER

City & State Located:

Phone No. (with area code):

May we contact For a reference?

Type of Business:

□ Yes □ No

Position Title:

Reason for Leaving:

Job Duties/Responsibilities:

Name & Title of Supervisor.

PREVIOUS EMPLOYER

Company Name:

Dates Worked (From/To);

Phone No. (with area code):

Type of Business:

City & State Located:

Position Title:

Reason for Leaving:

Job Duties/Responsibilities:

Name & Title of Supervisor:

Previous Employer

Company Name:

Dates Worked (From/To):

City & State Located;

Phone No. (with area code):

Type of Business:

Position Title:

Reason for Leaving:

Job Duties/Responsibilities:

Name & Title of Supervisor:

PREVIOUS EMPLOYER Сотрану Мате:

Dates Worked (From/To):

City & State Located:

Phone No. (with area code):

Type of Business:

Position Title:

Reason for Leaving:

Job Duties/Responsibilities:

Name & Title of Supervisor:

2

BACKGROUND INFORMATION	BACK	GROUND	INFORM	A TYON
------------------------	------	--------	--------	--------

Before completing this section, do not disclose information regarding convictions that have been judicially sealed, expunged, eradicated, impounded or dismissed. Do not disclose information regarding juvenile court convictions a minor traffic violations. A conviction record does not automatically bar you from employment. All of the job-related circumstances surrounding convictions will be considered.

- 1. In the past 7 years, have you been convicted of, pled guilty or no contest to, been imprisoned, or been on probation or parole for any felony? I Yes I No (A felony is a crime for which punishment may result in imprisonment for more than one year. Do not disclose information regarding felony convictions that are more than 10 years old.)
- 2. In the past 7 years, have you been convicted of, pled guilty or no contest to, been imprisoned, or been on probation of parole for any misdemeanor? Lives TNo (A misdemeanor is a crime less serious than a felony for which panishment
- 3. Are you currently on probation or parole? F Yes 1: No

If you answered "Yes" to any of the questions above, please explain completely, including dates, locations, crime/offerse charged, convicted offerse and jurisdiction:

	NC

Do you have a valid driver's license? D Yes

MILITARY SERVICE

(Complete if you have served in the U.S. Military. A copy of your DD-214 may be needed for verification.)

Last Assigned Duty Station:

Date Entered:

Date Discharged:

Rank & Position at Discharge:

Nome & Rank of Supervisor:

Phone No. (with area code):

Did you receive a DISHONORABLE discharge? EI Yes 11 No

List service schools or spectal relevant experience:

ADDITIONAL QUALIFICATIONS

Professional licenses, registrations, certifications held. List all including state of issuance and expiration date.

Languages in which you are fluent other than English:

List additional relevant skills or abilities:

I certify that I have read and understand the "Applicant Note" on page (1) of this document and that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions or misrepresentations of the facts called for in this application, or other documents used for application of employment such as but not limited to a resume, may result in rejection of my application or discharge at any time during my employment, no matter when the false information, omissions or misrepresentations are discovered.

I authorize Illini Environmental, Inc. (herein after referred as Illini)(and/or its agents including consumer-reporting agencies and companies to verify any of this information concerning my previous employment, education, criminal background and other information. I suthorize all persons, schools, companies, law enforcement agencies, and consumer reporting bureaus to release any and all information regarding my background. I release all parties from all liability for any damages that may result from furnishing this information to Illini. Completion of this form serves as receipt of written notice to me from any former employer or background investigation agency in connection with divulging information from my personal and/or personnel file, including any matter related to discipline.

Lagree that if hired, my employment will not be for any specified term or duration or pursuant to any contract of employment. This at-will relationship means that I have the right to sever the employment relationship with limit. Similarly, I can be terminated at the discretion of the Company. This at-will employment relationship may not be modified in any way except by a written document signed by the Country.

In accordance with Illini's policy to maintain a drug-free workplace, I understand any offer of employment will be contingent upon my submitting to a drug test and receiving a negative test result. I understand certain employees may be subject to drug testing throughout their employment. I hereby agree to drug testing as required by Illini policy and release Illini from all liability arising from such testing and/or the decisions made based on such testing.

APPLICANT'S SIGNATURE:	
	DATE: