



**10 S. Wacker Drive * Suite 1250 * Chicago, IL 60606
(312) 460-8222**

				DATE _____																					
Name _____																									
Last		First		Middle																					
Maiden																									
Present address _____																									
Number		Street		City State Zip																					
How long at present address _____				Social Security No. _____ - _____ - _____																					
Telephone (____) _____																									
Employment desired <input type="checkbox"/> FULL-TIME ONLY <input type="checkbox"/> PART-TIME ONLY <input type="checkbox"/> FULL- OR PART-TIME																									
When available for work? _____				Hourly rate desired \$_____/hr																					
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:15%;">TYPE OF SCHOOL</th> <th style="width:25%;">NAME OF SCHOOL</th> <th style="width:20%;">CITY, STATE</th> <th style="width:20%;">NUMBER OF YEARS COMPLETED</th> <th style="width:20%;">MAJOR & DEGREE</th> </tr> </thead> <tbody> <tr> <td>High School</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>College</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Professional School</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>						TYPE OF SCHOOL	NAME OF SCHOOL	CITY, STATE	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE	High School					College					Professional School				
TYPE OF SCHOOL	NAME OF SCHOOL	CITY, STATE	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE																					
High School																									
College																									
Professional School																									
HAVE YOU EVER BEEN CONVICTED OF A CRIME? <input type="checkbox"/> No <input type="checkbox"/> Yes																									
If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. _____																									

Please list **three PROFESSIONAL references.**

Name _____

Position _____

Company _____

Address _____

Telephone _____

Name _____

Position _____

Company _____

Address _____

Telephone _____

Name _____

Position _____

Company _____

Address _____

Telephone (____) _____

WORK EXPERIENCE

Please list your work experience for the **past three years** beginning with your most recent job held.
If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Name of employer			
City, State, Zip Code	Name of last supervisor	Employment dates	Pay or salary
Phone number		From To	Start Final
Reason for leaving (be specific)	Your last job title		
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

Name of employer			
City, State, Zip Code	Name of last supervisor	Employment dates	Pay or salary
Phone number		From To	Start Final
Reason for leaving (be specific)	Your last job title		
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

Name of employer			
City, State, Zip Code	Name of last supervisor	Employment dates	Pay or salary
Phone number		From To	Start Final
Reason for leaving (be specific)	Your last job title		
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

May we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Did you complete this application yourself <input type="checkbox"/> Yes <input type="checkbox"/> No
If not, who did? _____

PLEASE READ CAREFULLY

APPLICATION FORM WAIVER

In exchange for the consideration of my job application by Brokerage Consultants Inc. (hereinafter called "the Company"), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of Brokerage Consultants Inc., or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the President /General Manager of the Company. Both the undersigned and Brokerage Consultants Inc. may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contact.

I also understand that (1) the Company has a drug and alcohol policy that provides for pre-employment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations.

I understand that, in connection with the routine processing of your employment application, the Company may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, the Company, will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

Signature of applicant _____ **Date:** _____

This Company is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications.

Thank you for completing this application form and for your interest in our business.