



APPLICATION FOR EMPLOYMENT

510 E. 22nd St,
Lombard, IL 60148
Tel: (630) 953-1950
Fax: (630) 953-1951

5200 Main Street
Skokie, IL 60077
Tel: (847) 329-8500
Fax: (847) 329-8501

2900 W. Devon Ave.
Chicago, IL 60659
Tel: (773) 274-1380
Fax: (773) 274-1381

2225 W. North Ave.
Melrose Park, IL 60160
Tel: (708) 344-2273
Fax: (708) 344-2277

1830 W. Army Trail Rd.
Hanover Park, IL 60133
Tel: (630) 372-2475
Fax: 630-372-2488

489 W. Boughton Road
Bolingbrook, IL 60440
Tel: (630) 679-1580
Fax: (630) 679-1581

8104 S. Roberts Rd.
Justice, IL 60458
Tel: (708) 594-2273
Fax: (708) 594-2217

1837 Larkin Ave.
Elgin, IL 60123
Tel: (847) 608-9352
Fax: (847) 608-9353

4310 W. Lawrence Ave.
Chicago, IL 60630
Tel: (773) 685-2273
Fax: (773) 685-2272

1717 W. Golf Road
Mount Prospect, IL 60056
Tel: (847) 427-2273
Fax: (847) 640-9204

1024 S McHenry Ave.
Crystal Lake, IL 60014
Tel: (815) 455-2273
Fax: (815) 455-2278

2502 S Alpine Rd,
Rockford, IL 61108
Tel: (779) 210-7151
Fax: (779) 210-7157

Equal Employment Opportunity



U & F Sons/Sahara Asian Elderly Care is an Equal Opportunity Employer. All qualified applicants will be considered for positions without regard to race, color, religion, gender, national origin, age, sexual orientation, gender identity and/or expression, marital or veteran status, or the presence of a physical or mental disability that is not job-related. Applicants are evaluated on the basis of ability, experience and the requirements of the job.

Please print and answer all questions thoroughly

Application Date: ____ / ____ / ____ position you are seeking: _____

How did you Hear about this Position? _____

Personal Information

Applicant's Personal Information Changed

Full Legal Name: _____
Last First Middle

Address: _____
House Number Street Unit City State Zip

Social Security #: _____ - _____ - _____ Email: _____

Phone (Home) : (_____) _____ - _____ Phone (Cell) : (_____) _____ - _____ Gender: _____

Date of Birth: ____ / ____ / ____ Language(s): _____

Employment Desired

Date Available for work: ____ / ____ / ____

Type of Employment : Full Time Part Time Temporary


- ◆ Are you able to be legally employed in United States? Yes No
- ◆ Have you previously been employed by Sahara Asian Elderly Care? Yes No
If yes, please provide the date of you employment: ____ / ____ and position: _____
- ◆ Do you have a valid Drivers License? Yes No
- ◆ If hired, do you have reliable means of transportation to work? Yes No
- ◆ If hired, would there be restriction on travel if required? Yes No

Employment History

List all present and past employers, starting with you most recent employer.

Employer:	Telephone:	Date Employed	
		From	To
Address:	Job Title:	Immediate Supervisor:	
Reason(s) for Leaving:	Describe Duties and Responsibilities:		

Employer:	Telephone:	Date Employed	
		From	To
Address:	Job Title:	Immediate Supervisor:	
Reason(s) for Leaving:	Describe Duties and Responsibilities:		



Employer:	Telephone:	Date Employed	
		From	To
Address:	Job Title:	Immediate Supervisor:	
Reason(s) for Leaving:	Describe Duties and Responsibilities:		

Education & Training

	Name / Location	Course	Year Completed	Type of Degree
High School				
Undergraduate College				
Graduate College				
Other				

List any certifications, trainings, or other education not listed above that may help you qualify for this position:

References

List below three persons not related to you who have knowledge of your work performance within the last 5 years

Name: _____ Occupation: _____

Company: _____ Years Known: _____ Phone #: (_____) _____ - _____

Address: _____

Name: _____ Occupation: _____

Company: _____ Years Known: _____ Phone #: (_____) _____ - _____

Address: _____

Name: _____ Occupation: _____

Company: _____ Years Known: _____ Phone #: (_____) _____ - _____

Address: _____

Agreement & Authorization

Please read the following statements. (Initial each paragraph and sign below)

I certify that the above information is accurate and true to the best of my knowledge. In the event of my employment, I understand and agree that false or misleading information given in my application or interview(s) may result in discharge. Initial: _____

I understand that this application is for informational purposes only and does not constitute an offer of employment or an employment contract. If an employment relationship is later established, I understand my right to resign at anytime for any reason. I also understand that this company may also terminate my employment at any time, for any reason not prohibited by law. Initial: _____

I authorize U&F Sons Inc.d.b.a.: Sahara Asian Elderly Care to inquire and investigate into my employment, educational, professional, criminal and other background as needed to verify the information on this application and research my qualifications for this position. Initial: _____

I hereby release U&F Sons Inc. d.b.a.: Sahara Asian Elderly Care from all liability that might result from such investigation into my background. Initial: _____

I hereby acknowledge that I have read and agree to the above statements.

Signature: _____ Date: ____ / ____ / ____

***** FOR OFFICE USE ONLY *****

REMARKS:

Interviewed by: _____ Date: ____ / ____ / ____

APPROVAL:

Hiring Date: ____ / ____ / ____ Position: _____

President / Manager: _____