



# EMPLOYMENT APPLICATION

## SBS AIDS FOUNDATION RESEARCH CORPORATION

Employees of SBS and applicants for employment are awarded equal opportunity in all aspects of employment without regard to race, color, religion, political affiliation, national origin, disability, marital status, gender or age.

Equal access to programs, services, and employment is available to all persons. Those applicants requiring reasonable accommodation to the hiring process should notify a representative of the Human Resources Department.

Please print in black or blue ink, or use a typewriter.

Return the signed application to SBS in person or via airmail.

### GENERAL INFORMATION

1. **Position applied for:** \_\_\_\_\_ 2. **Program/Division:** \_\_\_\_\_
3. **Full Legal Name:** \_\_\_\_\_
4. **Full Address:** \_\_\_\_\_  
\_\_\_\_\_
5. **Home Phone #:** \_\_\_\_\_ 6. **Mobile Phone #:** \_\_\_\_\_
7. **Email Address:** \_\_\_\_\_ 8. **Social Security #:** \_\_\_\_\_
9. **Are you legally eligible for employment in the United States?** Yes  No
10. **If you are under 18, and it is required, can you furnish a work permit?** Yes  No   
If no, please explain: \_\_\_\_\_
11. **Have you ever been employed by the SBS AIDS FOUNDATION RESEARCH CORPORATION?** Yes  No   
If yes, provide position(s) and dates: \_\_\_\_\_
12. **Date you are able to start working (month/day/year):** \_\_\_\_\_
13. **Type of employment desired:** Full-Time  Part-Time  Seasonal
14. **Which shift would you accept?** Daytime  Evening  Weekends
15. **Are you able to meet the attendance requirements of the position?** Yes  No
16. **Are you able to travel for the position?** Yes  No   
If so, when: Daytime  Evenings  Overnight
17. **Drivers License Number** (if driving is an necessary job function) \_\_\_\_\_
18. **Have you ever been convicted of a crime in the last seven (7) years?** Yes  No   
If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Convictions will not necessarily be a bar to employment. Each instance and explanation will be considered based on the position for which you are applying.)

P.O. BOX 1173  
PARK FOREST ILLINOIS 60466

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Website: [sbsaidsfoundationresearch.com](http://sbsaidsfoundationresearch.com)





educational institutions listed regarding this application. I further authorize the SBS AIDS FOUNDATION RESEARCH CORPORATION to rely upon and use, as it sees fit, any information received from such contacts.

**Signature of Applicant:** \_\_\_\_\_

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