



# M. COOPER SUPPLY COMPANY

*A Division of Goode Industries, Inc.*  
8605 Springlake Drive, Mokena, IL 60448  
Phone: (708) 444-1600 • Fax: (708) 444-1616  
[www.mcoopersupply.com](http://www.mcoopersupply.com)

## Application for Employment

*Equal access to programs, services and employment is available to all persons. Those applicants requiring accommodation to the application and/or interview process should contact a representative from the Human Resource Department.*

PLEASE PRINT

Position(s) applied for \_\_\_\_\_ Date of application \_\_\_\_/\_\_\_\_/\_\_\_\_

Referral Source: Advertisement \_\_\_\_\_ Employee \_\_\_\_\_ Government Employment Agency \_\_\_\_\_  
Relative \_\_\_\_\_ Walk-in \_\_\_\_\_ Other \_\_\_\_\_

Name of Source (if applicable) \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Street City State Zip Code

Telephone Number (\_\_\_\_) \_\_\_\_\_ Social Security Number \_\_\_\_\_

**Please check the appropriate box:**

If necessary, best time to call you at home is \_\_\_\_:\_\_\_\_ am or pm

May we contact you at work? .....  Yes  No

If yes, work number and best time to call (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ \_\_\_\_:\_\_\_\_ am or pm

If you are under 18, can you furnish a work permit? .....  Yes  No

Have you filed an application here before? .....  Yes  No

If yes, give date ..... \_\_\_\_/\_\_\_\_/\_\_\_\_

Have you ever been employed here before? .....  Yes  No

If yes, give dates ..... From \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Are you legally eligible for employment in this country? .....  Yes  No

Federal laws require that employers hire only individuals who are authorized to be lawfully employed in the United States. In compliance with such laws, all offers of employment are subject to verification of each applicant's identify and employment authorization, and it will be necessary for you to submit such documents as are required by law to verify your identification and employment authorization upon employment.

List any person(s) you know who are currently working at M. Cooper Supply Co.:

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Date available for work ..... \_\_\_\_/\_\_\_\_/\_\_\_\_

Type of Employment desired     \_\_\_\_ Full-Time   \_\_\_\_ Part-Time   \_\_\_\_ Temporary   \_\_\_\_ Seasonal   \_\_\_\_

Are you on a lay-off and subject to recall?.....  Yes  No

Will you relocate if job requires it?  Yes  No     Will you travel if job requires it? .....  Yes  No

Are you able to meet the attendance requirements of the position? .....  Yes  No

Will you work overtime if required? .....  Yes  No

Have you ever been bonded? .....  Yes  No

Have you ever been convicted of a felony in the last seven (7) years? .....  Yes  No

If yes, state nature of offense, when, where, and disposition:

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Driver's license number \_\_\_\_\_ State \_\_\_\_\_

## Employment History

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List your last five (5) employers, assignments or volunteer activities, starting with the most recent, including military experience. Explain any gaps in employment in comments section below.

Employer \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

Job Title \_\_\_\_\_

Dates Employment \_\_\_\_\_ Starting Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Immediate Supervisor and Title \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

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May we contact for reference?

Yes  No  Later

Summarize the nature of the work performed and job responsibilities?

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Employer	Telephone	
Address		
Job Title		
Dates Employment	Starting Salary	Ending Salary
From:            To:	From:	To:
Immediate Supervisor and Title		
Reason for Leaving		
Summarize the nature of the work performed and job responsibilities?		

Employer	Telephone	
Address		
Job Title		
Dates Employment	Starting Salary	Ending Salary
From:            To:	From:	To:
Immediate Supervisor and Title		
Reason for Leaving		
Summarize the nature of the work performed and job responsibilities?		

Employer	Telephone	
Address		
Job Title		
Dates Employment	Starting Salary	Ending Salary
From:            To:	From:	To:
Immediate Supervisor and Title		
Reason for Leaving		
Summarize the nature of the work performed and job responsibilities?		

Employer	Telephone	
Address		
Job Title		
Dates Employment	Starting Salary	Ending Salary
From:            To:	From:	To:
Immediate Supervisor and Title		
Reason for Leaving		
Summarize the nature of the work performed and job responsibilities?		

Comments (including explanation of any gaps in employment)

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Skills and Qualifications – Summarize any special training, skills, licenses, certificates and/or characteristics of yourself that may qualify you as being able to perform job-related functions for the position which you are applying.

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## Educational Background (if job related)

A. List last three (3) schools attended, starting with most recent. B. List number of years completed. C. Indicate degree or diploma earned if any. D. Grade Point Average or Class Rank. E. Major and minor fields of study.

A. School	B. Years Completed	C. Degree/Diploma	D. GPA	E. Major	F. Minor

List any foreign language(s) you know and check the boxes that describe your skill level

Language	Speak Some	Speak Fluently	Read	Written

## References

List name and telephone number of three business/work references that are not related to you and are not previous supervisors. If not applicable, list three school or personal references that are not related to you.

Name	Telephone	Years Known

# Military Service Record

Have you ever served in the U.S. Armed Forces?.....  Yes  No

List duties in the Service, including special training that is relevant to the position for which you have applied:

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## Skills

Typing .....  Yes  No \_\_\_\_\_ wpm

Shorthand .....  Yes  No \_\_\_\_\_ wpm

Calculator by touch .....  Yes  No

List software proficiency: \_\_\_\_\_

List other business machines you operate: \_\_\_\_\_

Other skills: \_\_\_\_\_

State any additional job-related information you may feel may be helpful to us in considering your application:

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List professional, trade, business, or civic associations and any offices held. (Exclude memberships which would reveal sex, race, religion, national origin, age, color, disability or other protected status.)

Organization	Offices Held

List special accomplishments, publications, awards (exclude information which would reveal sex, race, religion, national origin, age, color, disability or other protected status)

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List any additional information you would like us to consider.

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The information that I have provided on this application is true and complete to the best of my knowledge.

It is understood and agreed upon that any misrepresentation by me on this application will be sufficient cause for cancellation of this application and/or separation from the employer's service if I have been employed.

I give the employer the right to investigate all references and to secure additional information about me, if job-related. I hereby release from liability the employer and its representative for seeking such information and all other persons, corporations or organizations for furnishing such information.

The employer is an Equal Opportunity Employer. The employer does not discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant's consideration for employment on a basis prohibited by local, state, or federal law.

This application is current only for 60 days. At the conclusion of this time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to fill out a new application.

I understand that just as I am free to resign at any time, the employer reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no representative of the employer has the authority to make any assurances to the contrary.

I understand it is this company's policy not to refuse to hire a qualified individual with a disability because of this person's need for an accommodation that would be required by the ADA.

Any offer of employment I may receive from M. Cooper Supply Company is contingent upon my successful completion of the Company's total pre-employment screening process, including the Company's receiving references that it considers satisfactory, and my satisfactory completion of any post-offer pre-employment medical examination that the Company may require. I hereby consent to having the results of any post-offer pre-employment or post-employment medical exams I may be required to take disclosed to M. Cooper Supply Company.

I understand that as a condition of employment, I may be required to undergo and successfully pass a screening for alcohol and/or drugs. I also understand and agree that, if employed, I may be required to submit to an alcohol or drug screening at any time at the discretion of M. Cooper Supply Company.

I authorize and request that all of my present and former employees and those individuals I have listed as personal references furnish information about my employment record, including a statement of the reason for the termination of my employment, work performance, abilities, and other qualities pertinent to my qualifications for employment. Additionally, the Company may procure or have prepared an investigative consumer and/or credit check. I hereby release them from any and all liability for damages arising from furnishing the requested information.

In consideration of my employment, I agree to comply with the policies, rules, regulations, and procedures of M. Cooper Supply Company and understand that my employment and compensation is at will, which means it can be terminated with or without cause or notice, at any time, at the option of either the Company or myself. I further understand that no manager or representative of the company, other than M. Cooper Supply Company's President has any authority to enter into any agreement with me for employment for any specified period of time or to make any agreement different from or contrary to the foregoing. I further understand that any such agreement, if made, shall not be enforceable unless it is in writing and signed by me and the Company's President.

I understand that this employment application is not a contract of employment.

Signature of Applicant \_\_\_\_\_

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***Our Mission Statement***

The employees of M. Cooper Supply are committed to the success of our valued customers by providing the most optimum levels of customer service and product quality while maintaining the highest ethical, honest and moral business practices.