

EMPLOYMENT



APPLICATION

To Applicant: We deeply appreciate your interest in our organization and assure you that we are sincerely interested in your qualifications. A clear understanding of your background and work history will aid us in placing you in the position that best meets your qualifications and may assist us in possible future upgrading.

PERSONAL

Date _____

Name _____
Last First Middle

Present Address _____
No. Street City State Zip

Social Security No. _____ Telephone No. _____

Are you legally eligible for employment in the U.S.A.? _____ State age if under 18 _____

Position(s) applied for _____ Rate of Pay expected \$ _____ per week

Would you work Full-Time ____ Part-Time ____ Specify days and hours if part-time _____

Were you previously employed by us? _____ If yes, when? _____/_____/_____

If your application is considered favorably, on what date will you be available for work?

Are there any other experiences, skills, or qualifications which you feel would especially fit you for work with our organization? (Applicant should not list any information that Federal and/or State law precludes obtaining in the pre-employment stage.)

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RECORD OF EDUCATION

School	Name and Address of School	Course of Study	Check Last Year Completed				Did You Graduate?	List Diploma Or Degree
High			1	2	3	4	<input type="checkbox"/> Yes	
							<input type="checkbox"/> No	
College			1	2	3	4	<input type="checkbox"/> Yes	
							<input type="checkbox"/> No	
Other (Specify)			1	2	3	4	<input type="checkbox"/> Yes	
							<input type="checkbox"/> No	

PERSONAL REFERENCES (Not Former Employers or Relatives)

1.		()	
	(Name)		Phone #
	(Address)		
2.		()	
	(Name)		Phone #
	(Address)		
3.		()	
	(Name)		Phone #
	(Address)		

List below present and past employment, beginning with your most recent

1.

Name and Address of Company and Type of Business	From		To		Starting Weekly Salary	Last Weekly Salary	Reason For Leaving	Name of Supervisor
	Mo.	Yr.	Mo.	Yr.				
	Describe the work you did:							
Telephone								

2.

Name and Address of Company and Type of Business	From		To		Starting Weekly Salary	Last Weekly Salary	Reason For Leaving	Name of Supervisor
	Mo.	Yr.	Mo.	Yr.				
	Describe the work you did:							
Telephone								

3.

Name and Address of Company and Type of Business	From		To		Starting Weekly Salary	Last Weekly Salary	Reason For Leaving	Name of Supervisor
	Mo.	Yr.	Mo.	Yr.				
	Describe the work you did:							
Telephone								

4.

Name and Address of Company and Type of Business	From		To		Starting Weekly Salary	Last Weekly Salary	Reason For Leaving	Name of Supervisor
	Mo.	Yr.	Mo.	Yr.				
	Describe the work you did:							
Telephone								

May we contact the employers listed above? _____ If not, indicate by No. which one(s) you do not wish us to contact _____

To Applicant:

READ THIS INTRODUCTION CAREFULLY BEFORE ANSWERING ANY QUESTIONS IN THIS BLOCKED-OFF AREA.

The Civil Rights Act of 1964 prohibits discrimination in employment because of race, color, creed, religion, sex or national origin. Federal law also prohibits other types of discrimination such as age, citizenship, disability, veteran status, attainment of benefits, and participation in union activities. The laws of most states and many localities also prohibit some or all of the above types of discrimination as well as some additional types including, but not limited to, discrimination based upon ancestry, marital status, parental status, sexual orientation, or source of income. The Fair Credit Reporting Act imposes restrictions with respect to credit data.

Previous address _____
No. Street City State Zip

Are you a citizen of the U.S.A.? _____

Were you in U.S. Armed Forces? Yes ____ No ____ If yes, what Branch? _____

Did you receive any training in the U.S. Armed forces that is relevant to the position applied for?
(If yes, describe.) _____

Are you a Vietnam veteran? _____

Are you eligible to be bonded? _____

Have you ever been convicted of a crime, which has not been sealed, expunged or impounded by a
court? _____ If yes, describe in full _____

If you are a direct care giver, you must meet requirements of the Health Care Worker Background Check Act [225 ILCS 46].

If you require a reasonable accommodation to participate in the interview and testing process, please contact Human Resources at 217-431-2554, or 217-431-8982 + TDD.

NAME: _____

POSITION: _____

DATE: ____/____/____

FOR PERSONNEL DEPARTMENT USE ONLY

INTERVIEWER	DATE	COMMENTS

FOR TEST ADMINISTRATOR'S USE

TESTS ADMINISTERED	DATE	RAW SCORE	RATING	COMMENTS AND INTERPRETATIONS

REFERENCE CHECK

*Position Number	RESULTS OF REFERENCE CHECK	*Position Number	RESULTS OF REFERENCE CHECK
1		4	
2			
3			

*See Page 3

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Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 90 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date