

# 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			

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## Applicant's Statement

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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.

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Signature of Applicant

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Date