

Application for Employment

(PLEASE PRINT) Date of Application: _____

Positions Applied For: _____

Referral Source: Advertisement Friend Relative Employment Agency

Walk In Other _____

Name: _____
Maiden First Last Middle

Current Address: _____
Number Street City State

Prior Address: _____
Number Street City State

Telephone: () _____ Social Security Number: _____

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

Have you filed an application here before? If yes, give date? Yes No

Have you ever been employed here before? If yes, give date? Yes No

Are you employed now? Yes No

May we contact your present employer? Yes No

Are you a U S citizen or can you establish that you are an authorized worker? Yes No

On what date would have been available for work? Yes No

Are you available to work? Full Time Part Time Special Assessment

Are you on layoff and subject to recall? Yes No

Have you been ever been convicted of or pled guilty or nolo contendere to any crime (other than a minor traffic violation)? Yes No

If yes, please explain (Note that conviction of a crime will not necessarily disqualify an applicant - the nature of the crime and when the conviction occurred will be considered) _____

NOTE: You are not obligated to disclose sealed or expunged record of conviction or arrest.

Approximate rate of pay expected _____

Do you have the physical ability to perform all essential duties of the job(s) for which you are applying? Yes No

If no, please explain. _____

EMPLOYMENT EXPERIENCE

	DATES EMPLOYED		WORK PERFORMED
EMPLOYER	From:	To:	
ADDRESS			
PHONE			
JOB TITLE	HOURLY RATE SALARY		
	STARTING:	FINAL:	
SUPERVISOR			
REASON FOR LEAVING			

	DATES EMPLOYED		WORK PERFORMED
EMPLOYER	From:	To:	
ADDRESS			
PHONE			
JOB TITLE	HOURLY RATE SALARY		
	STARTING:	FINAL:	
SUPERVISOR			
REASON FOR LEAVING			

	DATES EMPLOYED		WORK PERFORMED
EMPLOYER	From:	To:	
ADDRESS			
PHONE			
JOB TITLE	HOURLY RATE SALARY		
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EMPLOYER	From:	To:	
ADDRESS			
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JOB TITLE	HOURLY RATE SALARY		
	STARTING:	FINAL:	
SUPERVISOR			
REASON FOR LEAVING			

	DATES EMPLOYED		WORK PERFORMED
EMPLOYER	From:	To:	
ADDRESS			
PHONE			
JOB TITLE	HOURLY RATE SALARY		
	STARTING:	FINAL:	
SUPERVISOR			
REASON FOR LEAVING			

Are there workplace accommodations that would assure better job placement and/or enable you to perform your job to your maximum capacity? Yes No

List professional business or civic activities and offices held (Exclude those which indicate race, color, religion, sex, or national origin). _____

Give name, address, and telephone number of three references who are not related to you and are not previous employers.

Education

	ELEMENTARY	HIGH SCHOOL / GED	COLLEGE/ UNIVERSITY	GRADUATE PROFESSIONAL
School Name				
Years Completed:	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree				
Describe Course of Study				
Describe Specialized Training, Apprenticeship, Skills and Extra-Curricular Activities				
Honors Received				

State any additional information you feel may be helpful to us in considering your employment.

Summarize special skills and qualifications acquired from employment or other experiences.

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status or the presence of a disability or handicap.

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application or any other pre-employment documents shall result in termination when discovered. I authorize you to obtain an investigative consumer report and/or a report from any law enforcement agency which may include both general and personal information about me. I authorize investigation of all statements contained herein and authorize the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you.

In consideration of my employment, I agree to conform to the rules and regulations of the Company and agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time at the option of the Company or myself and without notice or liability for wages or salary except such earned at the date of such termination. I understand that no manager, supervisor, or representative of management, other than the President (or ranking officer), has any authority to enter into an agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing.

In the event that I am employed, I understand that regardless of the shift and job that I am first assigned, I may be required to accept a change of job or shift depending on my demonstrated skills after employment and the needs of the Company. I consent to take any physical or medical examinations, including blood and urine or other tests for alcohol and drugs, requested by the Company in connection with the processing of my application for employment and further agree to take such physical or medical examinations requested by the Company during my employment if I am offered and accept a job. I understand that such an examination may be needed in order to determine my competence to perform the job or work for which I was hired, or to identify any physical or mental condition bearing on my job performance. I understand that refusal to submit to any physical or mental examination ordered by the Company will result in rejection for employment or for disciplinary action up to and including immediate discharge. I further understand that any information obtained through such exams may be retained by the Company is exclusively the Company's property. I also understand that the examinations will be performed by medical personnel, clinics or laboratories qualified to do the necessary work.

Applicant Signature

Date

FOR OFFICE USE ONLY - DO NOT WRITE BELOW THIS LINE

Position Considered: _____

Interviewed by: _____

Date: _____

Accept for Employment: _____

Comments: _____



Health Care Worker Background Check

Authorization and Disclosure for Criminal History Records Information (CHRI) Check

I hereby authorize the Illinois Department of Public Health (the Department), the Department's designee, educational entities that train and/or test health care workers, staffing agencies, my current or potential employer, or a health care facility where I want to volunteer to initiate/request a CHRI check on me. I further authorize the Illinois State Police (ISP) and/or the Federal Bureau of Investigation (FBI) to release information relative to the existence or nonexistence of any criminal record, which it might have concerning me, to any initiator/requestor solely to determine my suitability for training or testing in a health care training program, employment, continued employment, or to work as a volunteer. I further authorize any entity that maintains criminal records relating to me, including but not limited to a local unit of government in any State, to release those records to the ISP, FBI, or the Department. I authorize the Department to provide any health care facility, training program, or staffing agency, to which I have provided this authorization and disclosure form, a copy of my ISP CHRI and a determination of eligibility of the FBI CHRI. I certify that the ISP, FBI, any entity that maintains criminal records, the Department, and any of their employees or officers who furnish this information shall be held harmless from all liability, which may be incurred as a result of releasing such information. I further acknowledge that a educational entity or health care employer shall not be liable for the failure to hire or retain me as an applicant, student, employee, or volunteer if I have been convicted of committing or attempting to commit one or more of the offenses stated in the Health Care Worker Background Check Act (225 ILCS 46/25)

I understand that any false statements or deliberate omissions on this document may be grounds for disqualification from employment, training, or volunteering, if discovered after employment, training, or volunteering begins, and can result in discipline up to and including my termination of employment, being a volunteer, or a student.

I understand that the information requested below regarding gender, race, height, eye color, hair color, weight, place of birth and date of birth is for the sole purpose of identification and the accurate gathering of the criminal history record information, and that it will not be used to discriminate against me in violation of the law. I understand that the provision of my Social Security number is required by law. A facsimile or photographic copy of this authorization will be as valid as the original.

First Name _____ Full Middle Name _____ Last Name _____

Mailing Address _____ City: _____ State: _____ Zip Code _____

Other Names Used _____ Telephone _____ - _____

States Where You Have Lived? _____ Place of Birth (State or Country if not US): _____ Hair Color _____ Weight _____

Male Female Date of Birth _____ Height _____ Eye Color _____ Social Security Number _____ - _____

- Race
- A** Chinese, Japanese, Filipino, Korean, Polynesian, Indian, Indonesian, Asian Indian, Samoan, or any other Pacific Islander.
 - B** Black or African American (Not Hispanic or Latino)
 - H** Hispanic or Latino (Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin)
 - I** American Indian, Eskimo, or Alaskan native, or a person having origins in any of the 48 contiguous states of the United States or Alaska who maintains cultural identification through tribal affiliation or community recognition.
 - U** Of undeterminable race. Of Untold mixture.
 - W** Caucasian (not Hispanic or Latino)

Have you ever had an administrative finding of Abuse, Neglect or Theft? Yes No If "Yes," give full details and state. Continue on back if more space is needed.

Have you ever been convicted of a criminal offense other than a minor traffic violation (do not include convictions that have been expunged, sealed or adjudicated delinquent)? Yes No If "Yes," give full details of each offense and the state in which convicted. Continue on back if more space is needed.

I certify that the above is true and correct and give my consent for my name to appear on Department's Health Care Worker Registry with the results of my criminal history records check.

(Signature)

(Date)

As the parent or guardian of the above named individual, who is younger than the age of 17, I give my consent for this named individual to have a criminal history records check.

(Signature of Parent or Guardian when applicable)

(Date)

AUTHORIZATION FOR BACKGROUND CHECK
Child Abuse and Neglect Tracking System (CANTS)

For Programs NOT Licensed by DCFS

NOTE: Do not use this form if you are an applicant for licensure or an employee/volunteer of a licensed child care facility. Please contact your licensing representative.

Name: _____
Last First Middle

Date of Birth: _____ Gender (circle): Male Female Race: _____

Current Address: _____
Street/Apt #

_____ City State Zip Code

If you currently reside in Illinois, please list all previous addresses for the past five years.

OR

If you currently reside out-of-state, please provide ALL Illinois addresses in which you did reside while living in Illinois.

(Street/Apt#/City/County/State/Zip Code)	Dates From/To
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

List maiden name and/or all other names by which you have been known: (last, first, middle)

I hereby authorize the Illinois Department of Children and Family Services to conduct a search of the Child Abuse and Neglect Tracking system (CANTS) to determine whether I have been a perpetrator of an indicated incident of child abuse and/or neglect or involved in a pending investigation. I further consent to the release of this information to the agency listed below.

Mail this request to:
Department of Children and Family Services
406 E. Monroe – Station # 30
Springfield, IL 62701

Signed Date

Please type, use bold letters or label:

(Agency Name)
(Contact Person)
(Address)
(City/State/Zip)
(Submitting Agency Fax Number) _____

