



# EMPLOYMENT APPLICATION

**HUMAN RESOURCES DEPARTMENT**  
**DOWNSTATE ILLINOIS**                      **SOUTH SUBURBAN AREAS**  
 6081 Development Dr.                      18230 Orland Parkway  
 Charleston, IL 61920                      Orland Park, IL 60467  
 Fax (217) 348-8823                      Fax (708) 429-9107  
 Email: [humanresources@ctfillinois.org](mailto:humanresources@ctfillinois.org)  
[www.ctfillinois.org](http://www.ctfillinois.org)

**Equal Opportunity Employer:** CTF ILLINOIS is an affirmative action, equal opportunity employer that values and actively seeks diversity in the workforce. CTF ILLINOIS evaluates qualified applicants without regard to race, color, religion, sex, national origin, disability, veteran status, sexual orientation, gender identity, and other legally-protected characteristics.

**Instructions:** Please print and fill out the application completely. **Reference to a resume does not serve as a substitute for information required on this application**, although a resume may be attached for additional information. Incomplete applications may prevent applicants from being considered for employment.

<b>PERSONAL INFORMATION</b>				
<b>Please print clearly and legibly</b>				
LAST NAME	FIRST NAME	M.I.	PREFERRED NAME	SOCIAL SECURITY #
MAILING ADDRESS		CITY	STATE	ZIP CODE
TELEPHONE NUMBER		ALTERNATE PHONE (optional)		EMAIL ADDRESS
(    ) <input type="checkbox"/> cell <input type="checkbox"/> landline		(    ) <input type="checkbox"/> cell <input type="checkbox"/> landline		
How did you learn about us?: <input type="checkbox"/> CTF ILLINOIS Employee (name) _____ <input type="checkbox"/> Walk-in <input type="checkbox"/> Worked Here Before <input type="checkbox"/> Newspaper Ad <input type="checkbox"/> Internet Ad <input type="checkbox"/> School Placement Office <input type="checkbox"/> Employment Agency <input type="checkbox"/> Other (specify) _____				
Have you ever <u>applied</u> with us before? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, for what position?	When?	
Have you ever been <u>employed</u> with us before? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, in what position?	When?	
If yes, was it under a different name? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please give name(s):		
Do you have any friends and/or relatives that are currently working for us? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, who?		
Do you have any friends and/or relatives that are currently receiving services through CTF? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, who?		
Do you currently work Full Time for any of the following agencies: Sertoma, Parklawn, Newstar, BlueCap? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, who?		

<b>FOR OFFICE USE ONLY</b>	
Interview Scheduled: _____  Second Interview (if applicable): _____  Contact Log: _____  Hire for _____ (position title)	Location: _____ Shift, FT/PT, etc.: _____  Supervisor: _____ Orientation/Start date: _____  _____ Not Hire (Reason)  Letter sent:    Yes                      No    Date:

## EMPLOYMENT DESIRED

Last Name:		First Name:					
Position(s) applying for (if known):			Date available to start work:		Pay desired:		
Desired employment (check as many of the following as apply):							
Location/Area: ___ Champaign ___ Charleston ___ Mattoon ___ Lincoln ___ Olney ___ South Suburbs ___ Other							
Type of work: ___ Residential ___ Development Training/Vocational ___ Supervisor/Management/Professional ___ Other (specify) _____							
Work status: ___ Full-time ___ Part-time (over 20 hours/week) ___ Part-time (less than 20 hours/week) ___ Other							
Shift: ___ Early Morning (6-10 AM) ___ Days ___ Afternoons/Evenings ___ Overnights ___ Any							
Availability: ___ Weekends (Fri night – Sun night) ___ Holidays (weekends/holidays required for residential assignments)							
Hours available:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
From:							
To:							
Total hours available per week			Are you able to work beyond your scheduled shift and/or work overtime if needed? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Are you able to complete the duties of the job for which you are applying, without accommodation(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No							
If required, will you undergo a pre-employment physical? <input type="checkbox"/> Yes <input type="checkbox"/> No							
What, if any, accommodation(s) might you require to complete those functions? _____ _____ _____							
Is there anything that would interfere with your regular attendance or punctuality if you are offered a job? <input type="checkbox"/> Yes <input type="checkbox"/> No							
If Yes, please explain: _____ _____ _____							
If hired, will you be able to provide the required documentation to verify your legal eligibility to work in the United States, no later than the 3rd day of employment? <input type="checkbox"/> Yes <input type="checkbox"/> No							
If hired, will you be able to provide the required documentation to verify your education? <input type="checkbox"/> Yes <input type="checkbox"/> No							
Are you at least 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No							

### Mission Statement

**Empowering each individual we serve to live the life they want to live.**

### EMPLOYMENT HISTORY

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Begin with your most recent or current employment, and continue with all past employment. Attach additional sheets if necessary. All information **MUST** be completed. **Reference to a resume does not serve as a substitute for information required on this application**, although a resume may be attached for additional information.

#### Employer #1 – Current or Most Recent Employer

Are you currently employed?  Yes  No  
May we contact your current employer?  Yes  No If no, please explain: \_\_\_\_\_

Company Name		Position/Job Title:		Employment was: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal/Temp
Address, City, State	Telephone	From:	To:	
Supervisor Name/Title		Start Pay Rate:	End Pay Rate:	Reason for Leaving: <input type="checkbox"/> Voluntary <input type="checkbox"/> Involuntary Specify for either:
Duties performed and skills used or learned:				

#### Employer #2

May we contact this employer?  Yes  No If no, please explain: \_\_\_\_\_

Company Name		Position/Job Title:		Employment was: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal/Temp
Address, City, State	Telephone	From:	To:	
Supervisor Name/Title		Start Pay Rate:	End Pay Rate:	Reason for Leaving: <input type="checkbox"/> Voluntary <input type="checkbox"/> Involuntary Specify for either:
Duties performed and skills used or learned:				

#### Employer #3

May we contact this employer?  Yes  No If no, please explain: \_\_\_\_\_

Company Name		Position/Job Title:		Employment was: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal/Temp
Address, City, State	Telephone	From:	To:	
Supervisor Name/Title		Start Pay Rate:	End Pay Rate:	Reason for Leaving: <input type="checkbox"/> Voluntary <input type="checkbox"/> Involuntary Specify for either:
Duties performed and skills used or learned:				

## GAPS IN EMPLOYMENT

Dates		Explain gaps in employment longer than 30 days	<input type="checkbox"/> Not Applicable
From	To	Reason	
From	To	Reason	

## EDUCATION

Last Name:		First Name:		
	Name and Location of School	Course of Study (Major/Minor)	# of Years Completed	Degree/ Diploma Received
High School		<i>Not applicable</i>	1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No
College			1 2 3 4 5+	<input type="checkbox"/> Yes <input type="checkbox"/> No Type:
Vocational/ Trade School			1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No Type:
Other			1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No Type:
Are you a veteran of the US military service? <input type="checkbox"/> Yes <input type="checkbox"/> No   Branch: _____				
<u>Skills and Qualifications:</u> If applicable, summarize any special skills or qualifications that may qualify you to work with our company and directly relate to the position for which you are applying:				
<u>Specialized Training:</u> Please list workshops, courses, certifications and/or other training you have completed that directly related to he position for which you are applying:				

## PERSONAL OR BUSINESS REFERENCES

List three (3) references you have known for at least one year. Do not list relatives or anyone listed in the Employment Section.

Name/Occupation	Telephone Number & Email	Years Known	Relationship
			<input type="checkbox"/> Work related <input type="checkbox"/> Personal
			<input type="checkbox"/> Work related <input type="checkbox"/> Personal
			<input type="checkbox"/> Work related <input type="checkbox"/> Personal

## NOTICE ABOUT PRIOR CONVICTIONS

Are you aware of any allegation of abuse, neglect and/or financial exploitation AGAINST YOU through the Office of Inspector General, Department of Human Services?    Yes    No

Have you been convicted of a felony?    Yes    No

If yes, give date of conviction and specific information: \_\_\_\_\_

*(You are not required nor will you be asked to report whether you have a sealed and/or expunged conviction or arrest. A response of "yes" will not automatically disqualify you from employment with us.)*

CTF ILLINOIS cannot knowingly employ or retain any employee if that person has been convicted of committing a disqualifying offense. Any offer of employment by CTF ILLINOIS, or continuation of employment with CTF ILLINOIS, is contingent upon a finding of no disqualifying offenses, or a waiver for such offenses (see Attachment C for list of offenses).

**Initial each item below to indicate that you have read and understand this information:**

\_\_\_\_\_ CTF ILLINOIS is required by law, under the Health Care Worker Background Check Act to obtain a fingerprint based criminal record background check, and a number of other checks, prior to offering you ongoing employment. CTF ILLINOIS cannot employ you if any of the background checks indicate that you have a disqualifying conviction.

\_\_\_\_\_ Employees who are charged with or convicted of criminal activity related to disqualifying crimes must contact their supervisor or Human Resources immediately upon notification of such charges and upon conviction.

\_\_\_\_\_ If a waiver of the prohibition against employment is granted CTF ILLINOIS has the option, but is not obligated, to employ you.

## DRIVING REQUIREMENTS FOR EMPLOYEES

Nearly all of CTF ILLINOIS' positions (including Residential and Developmental Training/Vocational staff positions) require employees to drive either a company vehicle or their own personal vehicle as an essential function of the job. Employees in these positions must maintain a satisfactory driving record. (see Attachment D for definition of satisfactory driving record)

Applicants must complete this section in order to be considered for any position in which driving is an essential function of the job. CTF ILLINOIS will consider applicants who require reasonable accommodations under the Americans with Disabilities Act, and who make a formal request for such reasonable accommodations.

*Your motor vehicle report (MVR) —also known as a driving record— shows your driving history, including information about your driver's license, such as:*

*Past and current driver's license statuses including suspensions, revocations, and cancellations.*

*Driver's license class.*

*Special driver's license endorsements.*

*Any restrictions on your license.*

Driver's License Number	State	Expiration date

Initial each item below to indicate that you have read and understand this information:

\_\_\_\_\_ I understand that if driving on company business is a requirement of the position for which I am being considered, that having and maintaining a satisfactory driving record would be a condition of my employment.

\_\_\_\_\_ I give CTF ILLINOIS permission to check my driving record prior to hire and to check it periodically thereafter, and further agree, if hired, to report any of the above listed offenses, or any other condition that may affect my ability to drive on company business to my supervisor immediately.

**OPTIONAL DECLINATION:** I DO NOT want to be considered for any positions that require driving as an essential function of the job, whether for not having a satisfactory driving record, or for any other reason.

I understand that this will exclude me from consideration for any job for which driving is an essential function, and that this may limit my opportunities for employment with CTF ILLINOIS.

\_\_\_\_\_  
Signature – **ONLY** if you DO NOT want to be considered for positions that require driving on company business. Note that most jobs at CTF ILLINOIS require driving as an essential function of the job.

\_\_\_\_\_  
Date

## APPLICANT NOTIFICATION AND AUTHORIZATION

Read the following information carefully before signing below.

- I certify that all answers given by me are true, accurate and complete to the best of my knowledge. I understand that any false statement, omission or misrepresentation of these facts on this application (or any other accompanying or required documents) may be grounds for denial of employment or immediate termination of employment, regardless of when or how discovered.
- I understand that, in connection with my application for employment, investigations and inquiries may be made, including but not limited to, all statements and information contained in this application, my background and qualifications, my past employment, education, criminal convictions and history, motor vehicle reports, etc. I release from all liability anyone supplying such information and I also release the employer from all liability that might result from making an investigation.
- If I am offered employment, I agree to submit to any required medical examination and/or drug test before starting work. If employed, I agree to submit any medical examination, drug test, and/or alcohol test at any time deemed appropriate by CTF ILLINOIS and as permitted by law. I understand that my employment or continued employment, to the extent permitted by law, is contingent upon satisfactory results of said test, and, if hired, is a condition of employment, and will abide by CTF ILLINOIS' drug and alcohol policies.
- If accepted for employment with CTF ILLINOIS, I agree to abide by the employment guidelines established by CTF ILLINOIS, and to attend orientation and training programs as required. Conduct which violates CTF ILLINOIS policies will result in disciplinary action, up to and including termination.
- If offered employment, I acknowledge that there is no specific length of employment and that this application does not constitute an agreement or contract for employment. Accordingly, either I or CTF ILLINOIS may terminate the relationship at will, with or without cause, at any time, so long as there is not violation of applicable federal or state law.
- I understand that this application does not represent an offer of employment. I further understand that the acceptance of an offer of employment does not create a contractual obligation with CTF ILLINOIS to continue to employ me in the future.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## Authorization to Release Information

**Instructions for the applicant:** Please complete Section 1 ONLY as part of the application process. As part of the screening and hiring process, CTF ILLINOIS may choose to forward this release to your current or previous employer(s) in order to verify your employment history and job performance.

### SECTION 1: APPLICANT COMPLETES

I hereby authorize current or former employers (whether an individual, company, or institution) to furnish CTF ILLINOIS with any information they may have concerning me which is on record or otherwise. I hereby release the individual, company, or institution and all individuals connected therewith, including CTF ILLINOIS, from any and all liability whatsoever that might otherwise be incurred in furnishing such information.

<b>Name (print):</b>	<b>Social Security Number:</b>

**List Any and All Other Name(s) Used (if applicable):**

<b>Signature:</b>	<b>Date:</b>

***(Applicant: DO NOT WRITE in Section 2, below)***

### SECTION 2: TO PREVIOUS EMPLOYER

The applicant named above is being considered for employment with CTF ILLINOIS. The applicant has listed you or your organization as a current or former employer. In accordance with this signed release, please provide the information requested and return this form to us:

	Central and/or Southern IL	South Suburban Area
via U.S. Mail to:	CTF ILLINOIS, Attn: Human Resources 6081 Development Drive Charleston, IL 61920	CTF ILLINOIS, Attn: Human Resources 18230 Orland Parkway Orland Park, IL 60467
or via fax at	217-348-8823	708-429-9107
or via email to:	All locations: <a href="mailto:humanresources@ctfillinois.org">humanresources@ctfillinois.org</a>	

<b>Name of Company/Employer:</b>	<b>Dates of Employment:</b>

<b>Position(s) Held:</b>	<b>Eligible for Rehire:</b>
	<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>Reason Employment Ended:</b>	<b>Reason (if not eligible):</b>

Please rate the above-named applicant in each of the following areas (circle one):

Job Skill	Excellent	Good	Average	Below Avg.	Poor
<b>Commitment to Service</b>	Excellent	Good	Average	Below Avg.	Poor
<b>Initiative</b>	Excellent	Good	Average	Below Avg.	Poor
<b>Attendance</b>	Excellent	Good	Average	Below Avg.	Poor
<b>Adherence to Policy/Procedure</b>	Excellent	Good	Average	Below Avg.	Poor
<b>Performance of Job Duties</b>	Excellent	Good	Average	Below Avg.	Poor

**Additional Comments:**

<b>Employer Representative Signature</b>	<b>Title</b>	<b>Date</b>



**Illinois Department of Public Health**  
 Health Care Worker Registry, 525 W. Jefferson St., Springfield, IL 62761 Phone: (217) 785-5133

## Health Care Worker Background Check

### Disclosure and Authorization for Criminal History Records Check

I hereby authorize the Illinois Department of Public Health (IDPH), IDPH's designee that train or test health care workers, staffing agency, or the health care employer to request a criminal history records check and I further authorize the Illinois State Police (ISP) to release information relative to the existence or non existence of any criminal record which it might have concerning me to the requestor solely to determine my suitability for employment or continued employment. I further authorize any agency which maintains records relating to me to provide same on request to the ISP or IDPH. I certify that the ISP and any agency, including IDPH, their employees or officers who furnish this information shall be held harmless from any and all liability which may be incurred as a result of releasing such information. I further acknowledge that a health care employer shall not be liable for the failure to hire or to retain an applicant or employee who has 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 or, if discovered after employment begins, could result in discipline up to and including my termination of employment.

I understand that the information requested below regarding sex, race, height, eye color, and date of birth is for the sole purpose of identification and the gathering of the above-mentioned information about me accurately, 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 IDPH's Health Care Worker Registry as a result of this criminal history records check

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

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

\_\_\_\_\_  
(Signature of Parent or Guardian when applicable)

\_\_\_\_\_  
(Date)

State of Illinois  
Department of Children and Family Services

**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:  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.

\_\_\_\_\_  
Signed Date

**Please type, use bold letters or label:**

**708-429-9107**  
**HumanResources@ctfillinois.org**  
**CTF ILLINOIS**  
**18230 Orland Parkway.**  
**Orland Park, IL 60467**

(Submitting Agency Fax Number)  
(Submitting email address)  
(Agency Name)  
(Address)  
(City/State/Zip)

**Submit by mail OR fax OR email:**  
Mail to: Department of Children and Family Services  
406 E. Monroe – Station # 30  
Springfield, IL 62701  
FAX to: 217-782-3991  
Scan/Email to: CFS689Background@illinois.gov

**Print Form**

## INFORMATION ABOUT CRIMINAL CONVICTIONS

**OFFENSE LISTING:** The Health Care Worker Background Check Act prohibits persons with the criminal convictions listed below from being employed by CTF ILLINOIS, unless a waiver has been granted:

### Illinois Controlled Substances Act (720 ILCS 570)

#### **Section /Title**

401 Manufacture of Controlled/Counterfeit  
Substance Controlled Substance Analog  
401.1 Controlled Substance Trafficking  
404 Look-Alike Substances  
405 Calculated Criminal Drug Conspiracy

#### **Section /Title**

405.1 Elements of the Offense  
407 Delivery to a Person under 18/Violations on or  
Near School, Public Housing, Public Park  
407.1 Employing Persons under 18 to Deliver  
Substances

### Illinois Cannabis Control Act (720 ILCS 550)

#### **Section/Title**

5 Manufacture, Delivery or Possession with  
Intent to Deliver/Manufacture  
5.1 Cannabis Trafficking

#### **Section/Title**

5.2 Delivery of Cannabis on School Grounds  
7 Delivery to Person Under 18  
9 Calculated Criminal Cannabis Conspiracy

### Illinois Criminal Code (720 ILCS 5)

#### **Section/Title**

8-1.1 Solicitation of Murder  
8-1.2 Solicitation of Murder for Hire  
9-1 First Degree Murder  
9-1.2 Intentional Homicide of an Unborn Child  
9-2 Second Degree Murder  
9-2.1 Voluntary Manslaughter of an Unborn Child  
9-3 Involuntary Manslaughter and Reckless Homicide  
9-3.1 Concealment of Homicidal Death  
9-3.2 Involuntary Manslaughter and Reckless Homicide  
of an Unborn Child  
9-3.3 Drug Induced Homicide  
10-1 Kidnapping  
10-2 Aggravated Kidnapping  
10-3 Unlawful Restraint  
10-3.1 Aggravated Unlawful Restraint  
10-4 Forcible Detention  
10-5 Child Abduction  
10-7 Aiding and Abetting Child Abduction  
11-6 Indecent Solicitation of a Child  
11-9.1 Sexual Exploitation of a Child  
11-19.2 Exploitation of a Child  
11-20.1 Child Pornography  
12-1 Assault  
12-2 Aggravated Assault  
12-3 Battery  
12-3.1 Battery of an Unborn Child  
12-3.2 Domestic Battery  
12-3.3 Aggravated Domestic Battery  
12-4 Aggravated Battery  
12-4.1 Heinous Battery  
12-4.2 Aggravated Battery with a Firearm  
12-4.2-5 Aggravated Battery with a Machine Gun or Firearm  
with a Silencer  
12-4.3 Aggravated Battery of a Child  
12-4.4 Aggravated Battery of an Unborn Child  
12-4.6 Aggravated Battery of a Senior Citizen  
12-4.7 Drug Induced Infliction of Great Bodily Harm  
12.5 Tampering with Food, Drugs or Cosmetics

#### **Section/Title**

12-11 Home Invasion  
12-13 Criminal Sexual Assault  
12-14 Aggravated Criminal Sexual Assault  
12-14.1 Predatory Criminal Sexual Assault of a Child  
12-15 Criminal Sexual Abuse  
12-16 Aggravated Criminal Sexual Abuse  
12-19 Abuse/Gross Neglect of a LTC Facility Resident  
12-21 Criminal Neglect of an Elderly/Disabled Person  
12-21.6 Endangering the Life or Health of a Child  
12-32 Ritual Mutilation  
12-33 Ritual Abuse of a Child  
16-2 Theft of Lost or Mislaid Property  
16-1.3 Financial Exploitation of an Elderly/Disabled Person  
16-A-3 Offense of Retail Theft  
16G-15 Financial Identify Theft  
16G-20 Aggravated Financial Identify Theft  
17-3 Forgery  
18-1 Robbery  
18-2 Armed Robbery  
18-3 Vehicular Hijacking  
18-4 Aggravated Vehicular Hijacking  
18-5 Aggravated Robbery  
19-1 Burglary  
19-3 Residential Burglary  
19-4 Criminal Trespass to Residence  
20-1 Arson  
20-1.1 Aggravated Arson  
20-1.2 Residential Arson  
24-1.1 Unlawful Use or Possession of Weapon by Felon  
24-1.2 Aggravated Discharge of a Firearm  
24-1.2-5 Aggravated Discharge of a Machine Gun or Firearm  
with a Silencer  
24-1.6 Aggravated Unlawful Use of a Weapon  
24-3.2 Unlawful Discharge of Armor Piercing Bullets  
24-3.3 Unlawful Sale or Delivery of Firearms on the  
Premises of Any School  
25-1.5 Reckless Discharge of a Firearm  
33A-2 Armed Violence



## DRIVING REQUIREMENTS

**Satisfactory Driver Qualifications:** In order to be considered for a position for which driving is an essential function, an applicant should meet the following.

1. Must be able to provide proof of current valid driver's license.
2. Must be minimum age of 18
3. Satisfactory driving record (MVR) with no more than:
  - ♦ Two moving violations\* in the past three years, or
  - ♦ Two chargeable accidents\* in the past three years, or
  - ♦ One chargeable accident\* in any 12 month period

*(\* Note: Moving violations include any ticket, charge, or other law enforcement proceeding relating to these, as well as independent evidence of violations regardless of whether a ticket or charge has been initiated. Chargeable accidents are those in which the driver is determined to be the primary cause of the accident through speeding, inattention, etc. Contributing factors, such as weather or mechanical problems, will be taken into consideration.)*

4. No major violations in the past three years, with major violations being defined as:
 

<ul style="list-style-type: none"> <li>♦ DUI/DWI</li> <li>♦ Speeding over 80 mph</li> <li>♦ Reckless driving</li> <li>♦ Careless driving</li> <li>♦ Speed contests</li> <li>♦ Vehicular homicide</li> <li>♦ Criminal use of vehicle</li> </ul>	<ul style="list-style-type: none"> <li>♦ Suspended/revoked license</li> <li>♦ Driving w/ suspended/revoked license</li> <li>♦ Driving while unlicensed</li> <li>♦ Using motor vehicle in commission of felony</li> <li>♦ Aggravated assault with a motor vehicle</li> <li>♦ Operation of vehicle without owners' authority</li> </ul>
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5. Employees who drive their own personal vehicles for company business must be able to provide proof of current minimum automobile insurance as required by the State in which they are employed.
6. Employees who transport individuals receiving services in a personal vehicle are strongly recommended to carry a minimum of \$100,000/\$300,000 auto insurance coverage. This level of coverage provides greater protection against potential liability and lessens the overall risk.
7. Some positions may have additional requirements, including but not limited to:
  - ♦ Minimum age 21
  - ♦ Submission to additional medical screenings/physicals including drug/alcohol testing
  - ♦ Random drug/alcohol testing
8. CTF ILLINOIS reserves the right to make any and all necessary changes to what is considered a satisfactory driving record in order to adhere to state/federal regulations and/or to comply with any requirements set forth by its commercial insurance carrier.

**South Suburbs Only:  
PACE REQUIRMENTS,  
Please answer all questions**

Are you at least 23 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No		
How many years have you had your Driver's License?		
Do you currently have SR22 insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain?	
Have you ever had SR22 insurance?	If yes, when?	