



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
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.

PERSONAL INFORMATION				
Please print clearly and legibly				
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?		
FOR OFFICE USE ONLY				
Interview Scheduled: _____		Location: _____ Shift, FT/PT, etc.: _____		
Second Interview (if applicable): _____		Supervisor: _____		
Contact Log: _____		Orientation/Start date: _____		
Hire for _____ (position title)		____ 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.

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

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