

APPLICATION FOR EMPLOYMENT

INFORMATION: (Please Print Clearly.)

NAME _____ Social Security
Last First Middle Number _____

PRESENT ADDRESS _____
Street City County State Zip

PREVIOUS ADDRESS _____
(within last 5 years) Street City County State Zip

PHONE NUMBER (Home)

POSITION APPLYING FOR:

SPECIAL QUESTIONS:

Your answers to the questions in this framed area are required for a bona fide occupational qualification or are needed for other legally permissible reasons.

Date of Birth _____

Are you prevented from lawfully becoming employed in the U.S.?

YES NO

Have you ever been indicated for abuse or neglect toward children?

YES NO

Have you been convicted of a felony or misdemeanor within the last 5 years?

YES NO

If yes describe:

DRIVING ELIGIBILITY: (to be completed for direct child-care positions)

Have you been convicted of reckless driving or driving under the influence in the past 3 years?

YES NO

Do you have a valid drivers license which has not been revoked or suspended in the last 3 years?

YES NO

Have you had a felony driving conviction in the last 5 years?

YES NO

Have you had more than 2 moving violations in the last 12 months?

YES NO

• The Age Discrimination in Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 but less than 70 years of age.

• - You will not be denied employment solely because of a conviction record, unless the offense is related to the job for which you have applied or one that by law prohibits you from working in a school or child care institution in Illinois.

CCH PF 001

REFERENCES:

Give the names of three persons NOT RELATED to you, whom you have known at least one year.

NAME	ADDRESS	HOME PHONE#	WORK PHONE#	YEARS ACQUAINTED

EDUCATION:

EDUCATION	NAME & ADDRESS OF SCHOOL	#OF YRS. ATTENDED	GRADUATED YES/NO	SUBJECTS STUDIED/MAJOR
H13H SCHOOL				
COLLEGE (Under-Graduate)				
COLLEGE (Graduate)				
TECHNICAL TRADE, etc.				

other professional training, certification or experience: -----

FORMER EMPLOYERS: (List below the last five employers, starting with the most recent one first.)

DATE. MONTH AND YEAR	NAME & ADDRESS OF EMPLOYER	PHONE#	SALARY	POSITION/ DUTIES	REASON FOR LEAVING
FROM:					
TO:					
FROM:					
TO:					
FROM:					
TO:					
FROM:					
TO:					
FROM:					
TO:					

CERTIFICATION STATEMENT:

I certify that the facts contained in this application are true and complete to the best of my knowledge and understanding that, if employed, falsified statements on this form shall be grounds for dismissal.

I authorize investigation of all statements contained herein and 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 the same to you.

I understand and agree that, if hired my employment is for no definite period and may regardless of the date of payment of my wages and salary, be terminated at any time without any prior notice.

Date _____

Signature _____

(All individuals considered for employment are evaluated without regard to race, color, religion, gender, national origin, age, marital or veteran status, the presence of a disability or any other legally protected status.)