

# HUMAN SUPPORT SERVICES

## APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For	Date of Application			
How did you learn about us? <input type="checkbox"/> Advertisement <input type="checkbox"/> Walk-in <input type="checkbox"/> Employment Agency	Are you related to or friend of an employee or Board Member? <input type="checkbox"/> Yes _____ Name <input type="checkbox"/> No			
Friend <input type="checkbox"/> Relative <input type="checkbox"/> Other				
Last Name	First Name	Middle Name		
Address Number	Street	City	State	Zip Code
Telephone Number(s)	Social Security Number			

Can you furnish an original Social Security Card?  Yes  No

Are you over 21 years of age?  Yes  No

If you ever filed an application for employment with us before, give date \_\_\_\_\_

If you have ever been employed with us before, give date \_\_\_\_\_

List days that you cannot work (includes weekends) \_\_\_\_\_

List hours that you cannot work \_\_\_\_\_

Are you currently employed?  Yes  No

May we contact your present employer?  Yes  No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?  Yes  No  
*Proof of citizenship or immigration status will be required upon employment.*

On what date would you be available for work? \_\_\_\_\_

Are you available to work?  Full Time  Part Time  Shift Work  Temporary

**WE ARE AN EQUAL OPPORTUNITY EMPLOYER**

Are you currently on "lay-off" status and subject to recall?

Yes  No

Do you have transportation to travel if the job requires it?

Yes  No

Areas you will not or prefer not to drive in: \_\_\_\_\_

Have you been convicted of a felony within the last 7 years? (Background check will be made as required by State of Illinois)  
*Conviction will not necessarily disqualify an applicant from employment.*

Yes  No

If Yes, please explain \_\_\_\_\_

**EDUCATION**

	Name and Address of School	Course of Study	Years Completed	Diploma Degree
Elementary School				
High School				
Under-graduate School				
Graduate Professional				
Other (Specify)				

Indicate any foreign languages you can speak, read and/or write			
	Fluent	Good	Fair
Speak			
Read			
Write			

Describe any specialized training, apprenticeship, skills and extra-curricular activities. Indicate if you have training in working with mentally ill or developmentally disabled consumers.

\_\_\_\_\_

\_\_\_\_\_

Describe any job-related training received in the United States military.

\_\_\_\_\_

\_\_\_\_\_

# EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations that indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Numbers	Hourly Rate/Salary		
	Starting	Final	
Job Title    Supervisor Name    Phone Number			
Reason for Leaving			
Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Numbers	Hourly Rate/Salary		
	Starting	Final	
Job Title    Supervisor Name    Phone Number			
Reason for Leaving			
Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Numbers	Hourly Rate/Salary		
	Starting	Final	
Job Title    Supervisor Name    Phone Number			
Reason for Leaving			

If you need additional space, please continue on a separate sheet of paper.

List professional, trade, business or civic activities and offices held. You may exclude membership that would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.

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## **ADDITIONAL INFORMATION**

### **OTHER QUALIFICATIONS**

Summarize special job-related skills and qualifications acquired from employment or other experience.

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### **SPECIALIZED SKILLS** - Check skills/equipment operated

Dictaphone

Fax

Production/Mobile  
Machinery (list):

Other (list):

PC

PBX System

Calculator

Excel

Typewriter

Word

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

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Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A description of the activities involved in such a job or occupation is attached.  Yes  No

### **REFERENCES**

1. \_\_\_\_\_ ( ) \_\_\_\_\_  
(Name) Phone #  
\_\_\_\_\_  
(Address)

2. \_\_\_\_\_ ( ) \_\_\_\_\_  
(Name) Phone #  
\_\_\_\_\_  
(Address)

3. \_\_\_\_\_ ( ) \_\_\_\_\_  
(Name) Phone #  
\_\_\_\_\_  
(Address)

As witnessed by my signature, all of the information given on this application is true and accurate to the best of my knowledge.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature