

DEKALB AREA RETIREMENT CENTER OAK CREST

2944 GREENWOOD ACRES DRIVE
DEKALB, ILLINOIS 60115
815-756-8461
www.oakcrestdekalb.org



EMPLOYMENT APPLICATION

A faith based not-for-profit community serving people 62 years and older through a continuum of services enhancing an individual's quality of life.

"We are an equal opportunity employer. We are dedicated to a policy for non-discrimination in employment on any basis including race, color, creed, age, sex, religion or national origin, political affiliation, genetic predisposition, sexual orientation, or handicap."

"Notice – Drug Free Work Place – If you use illegal drugs, do not apply. We test all applicants for drugs prior to hire."

"All of our employees are subject to periodic drug and alcohol testing."

In considering your application for employment, the organization may conduct a detailed and thorough investigation, which may include but is not limited to a criminal background check, drug testing and inquiries of prior employers.

| | | | |
|---|-------|--------|---|
| LAST NAME | FIRST | MIDDLE | TELEPHONE NO. |
| PRESENT ADDRESS | CITY | STATE | ZIP CODE |
| | | | ALTERNATE TELEPHONE NO. |
| | | | E-MAIL ADDRESS |
| PERMANENT ADDRESS | CITY | STATE | ZIP CODE |
| | | | BEST TIME TO CALL |
| ANY PREVIOUS NAME(S)? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, IDENTIFY ALL OTHER NAMES INCLUDING MAIDEN NAME: | | | ARE YOU APPLYING FOR: FULL TIME (=80HRS/PP) <input type="checkbox"/> PART TIME(<80 HRS/PP) <input type="checkbox"/> |

| | | |
|---|-------------------------------|---|
| POSITION APPLIED FOR: | WAGE/SALARY EXPECTED: | SHIFT PREFERENCE: DAYS <input type="checkbox"/> EVENINGS <input type="checkbox"/> NIGHTS <input type="checkbox"/> |
| HOW WERE YOU REFERRED TO THIS ORGANIZATION? | | HAVE YOU EVER BEEN EMPLOYED BY THIS ORGANIZATION? YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, WHEN? |
| RELATIVES OR FRIENDS EMPLOYED BY THIS ORGANIZATION? YES <input type="checkbox"/> NO <input type="checkbox"/> | NAME: DEPT.: RELATIONSHIP: | ARE YOU A U.S. CITIZEN OR AN ALIEN LEGALLY AUTHORIZED TO WORK IN THE UNITED STATES? <input type="checkbox"/> YES <input type="checkbox"/> NO |
| HAVE YOU EVER BEEN CONVICTED OF, OR PLEAD GUILTY TO, A CRIME (EXCLUDING MISDEMEANOR TRAFFIC VIOLATIONS)? YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, EXPLAIN: | | |
| HAVE YOU EVER BEEN INVOLVED IN THE SUBSTANTIATED ABUSE OR NEGLECT OF CHILDREN OR ADULTS UNDER THE LAWS OF THIS OR ANY OTHER STATE OF THE UNITED STATES? YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, EXPLAIN: | | |
| IF YOUR ANSWER IS "YES" TO EITHER OF THE ABOVE, YOU WILL NOT BE AUTOMATICALLY DISQUALIFIED FROM EMPLOYMENT CONSIDERATION, EXCEPT AS REQUIRED BY STATE OR FEDERAL LAW. | | |

| SCHOOL | NAME & ADDRESS OF SCHOOL | COURSE OF STUDY | CHECK LAST YEAR COMPLETED | | | | DID YOU GRADUATE | LIST DIPLOMA OR DEGREE (HIGH SCHOOL EQUIVALENCY) |
|---------|--------------------------|-----------------|---------------------------|---|---|---|---|--|
| HIGH | | | 1 | 2 | 3 | 4 | <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| COLLEGE | | | 1 | 2 | 3 | 4 | <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| COLLEGE | | | 1 | 2 | 3 | 4 | <input type="checkbox"/> YES <input type="checkbox"/> NO | |

OTHER Business College or Special Courses: (Include Special Military Training, Post Graduate and Nursing)

| | |
|---|---|
| AREA(S) OF SPECIALIZATION OR MAJOR INTEREST | LIST HEALTH CARE, BUSINESS, OR INDUSTRIAL EQUIPMENT OPERATED: |
|---|---|

| | | |
|--|--|--|
| PROFESSIONAL LICENSES <input type="checkbox"/> CURRENTLY LICENSED <input type="checkbox"/> ELIGIBLE FOR LICENSE <input type="checkbox"/> CURRENTLY REGISTERED <input type="checkbox"/> ELIGIBLE FOR REGISTRATION | LICENSE OR REGISTRATION <u>EVER</u> SUSPENDED, REVOKED OR ON PROBATION? YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, EXPLAIN: | PROFESSIONAL CERTIFICATIONS <input type="checkbox"/> CURRENTLY CERTIFIED <input type="checkbox"/> ELIGIBLE FOR CERTIFICATION TYPE: STATE: DATE: |
|--|--|--|

| | | | |
|---|---|--|---|
| LANGUAGE SPOKEN: DO YOU: (OTHER THAN OR IN ADDITION TO ENGLISH) | SPEAK <input type="checkbox"/> FAIR <input type="checkbox"/> GOOD <input type="checkbox"/> FLUENT | READ <input type="checkbox"/> FAIR <input type="checkbox"/> GOOD <input type="checkbox"/> FLUENT | WRITE <input type="checkbox"/> FAIR <input type="checkbox"/> GOOD <input type="checkbox"/> FLUENT |
|---|---|--|---|

Did you serve in the U.S. Armed Services? YES NO What Branch?

Have you ever volunteered your time and services? YES NO Where?

Briefly describe duties and skills acquired through military or volunteer service: (include dates)

PROVIDE INFORMATION REGARDING PREVIOUS EMPLOYMENT BEGINNING WITH MOST RECENT EMPLOYER.

JOB TITLE: _____ FROM: _____ TO: _____ SUPERVISOR'S NAME _____

EMPLOYER: _____

PHONE: _____

ADDRESS: _____

DUTIES: _____

REASON FOR LEAVING: _____

JOB TITLE: _____ FROM: _____ TO: _____ SUPERVISOR'S NAME _____

EMPLOYER: _____

PHONE: _____

ADDRESS: _____

DUTIES: _____

REASON FOR LEAVING: _____

JOB TITLE: _____ FROM: _____ TO: _____ SUPERVISOR'S NAME _____

EMPLOYER: _____

PHONE: _____

ADDRESS: _____

DUTIES: _____

REASON FOR LEAVING: _____

JOB TITLE: _____ FROM: _____ TO: _____ SUPERVISOR'S NAME _____

EMPLOYER: _____

PHONE: _____

ADDRESS: _____

DUTIES: _____

REASON FOR LEAVING: _____

PLEASE IDENTIFY AND EXPLAIN ANY GAPS IN EMPLOYMENT LONGER THAN THREE (3) MONTHS:

LIST AT LEAST THREE (3) REFERENCES WHO ARE NOT RELATIVES OR EMPLOYERS:

| NAME AND RELATIONSHIP | TITLE | COMPANY NAME AND ADDRESS | TELEPHONE |
|-----------------------|-------|--------------------------|-----------|
| | | | |
| | | | |
| | | | |

CAREFULLY READ THIS SECTION PRIOR TO PROVIDING SIGNATURE BELOW

I hereby affirm that the information provided on this application (and accompanying resume, if any) is true and complete. I understand that any false or misleading representations or omissions made on the application or during the hiring process may disqualify me from further consideration for employment and may result in discharge even if discovered at a later date.

I understand that employment is conditioned upon successfully passing a medical examination and that I will be required to satisfactorily complete a drug screening and a criminal background check as a condition of employment.

I hereby authorize persons, schools, my current employer (if applicable) and previous employers and other organizations to provide this organization with any requested information regarding my application or suitability for employment, and I completely release all such persons or entities from any and all liability related to the providing or use of such information.

I understand that my employment is at will, which means that I may terminate the employment relationship at any time and for any reason with or without notice, and that the organization has the same right.

Signature: _____ Date: _____

TO BE COMPLETED AFTER EMPLOYED INTERVIEWED? YES NO SEE COMMENTS BELOW
 BY EMPLOYER HIRED? YES NO IF NO, REASON

The law does not require the selection of unqualified persons for job vacancies. It does require that selections are based on **VALID** and **JOB RELATED** criteria and further more that these criteria are **APPLIED CONSISTENTLY** to all applicants. Any of the following numbered statements, if applicable, would be suitable reasons for rejection as long as the selected candidate could not be ruled out by the same statement. Write the appropriate number or complete number 11 with your reason in the space above.

- 1. Does not meet **MINIMUM** requirements as posted.
- 2. Does not meet **PREFERRED** requirements as posted.
- 3. Cannot meet work **SCHEDULE**
- 4. **UNRELATED EXPERIENCE**.
- 5. **LESS RELATED EXPERIENCE** than person selected.
- 6. **LESS RELATED TRAINING/ EDUCATION** than person selected.
- 7. **LOWER SKILL LEVEL** than person selected.
- 8. **DRUG FREE WORKPLACE CONCERN**.
- 9. **Cannot perform ESSENTIAL JOB FUNCTIONS with or without reasonable accommodation.**
- 10. **CRIMINAL BACKGROUND CHECK CONCERN**.
- 11. **OTHER: (specify)**

REFERENCES CHECKED AND BY WHOM:

| REFERENCE #1 | DATE | REFERENCE #2 | DATE | REFERENCE #3 | DATE |
|--------------|------|--------------|------|--------------|------|
| | | | | | |

IF APPLICANT IS 18 YRS OLD OR LESS INTERVIEWER'S SIGNATURE _____
 IS PROOF OF AGE ON FILE? YES NO DATE _____

STARTING DATE: DEPARTMENT: _____
 POSITION: _____

STARTING WAGE: _____
 SHIFT/DIFFERENTIAL: _____

FULL TIME HOURS PER MONTH _____
 PART TIME HOURS PER MONTH _____
 ON CALL