

Please complete all requested information below or attach resume and include all information below.

NOTE: Please explain any gaps in employment.

Job History

Employer Name	Job Title	Dates Employed
Address City, State	Phone Number	Beginning Wage:
Supervisors Name, Title and Phone Number:	Did you have supervisory Duties:	Ending Wage:
Summarize Duties:		Reason for leaving

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License/Certifications

List professional licenses, certifications and/or registrations that would be pertinent to the job in which you are applying. Please include, if applicable, expiration dates.

Additional Qualifications

1. In addition to your work history, what other experience, skills or qualifications do you have which especially prepare you for the position which you are applying? (You may omit any information that discloses your sex, race, national origin, age or disability).

2. List any professional, trade, or business activities and offices held pertinent to the job in which you are applying:

Personal Data

1. Have you ever been convicted of a felony, misdemeanor or other offense other than a minor traffic violation? Yes ___ No ___ If yes, please explain: _____

**The applicant is not required to reveal sealed or expunged records of conviction or arrest, or juvenile arrest records. As a condition of employment, all applicants must pass a criminal background check meeting the requirements of the Illinois Healthcare Worker Background Check Act (225 ILCS 46) and agency policy.

2. Do you have a valid Illinois Driver's License? Yes ___ No ___ Driver's license #: _____

3. Have you previously been employed with HHS? Yes ___ No ___
If so, when and with which department? _____

4. Have you ever been fired or asked to resign from a job? Yes ___ No ___

References

List three references (other than relatives) and one past supervisor.

	Name	Relationship	Years Known	Phone Number
Reference	_____	_____	_____	_____
Reference	_____	_____	_____	_____
Reference	_____	_____	_____	_____
Past Supervisor	_____	_____	_____	_____

Please read the following carefully and initial each paragraph.

_____ I hereby authorize Heartland Human Services (HHS) to thoroughly investigate my references, work records, education, criminal record and other matters related to my suitability for employment and, further, authorize my current and former employers to disclose to HHS any and all letters, reports, and other information pertaining to my employment with them, without giving me prior notice of such disclosure. In addition, I hereby release HHS, my current and former employers, and all other persons, corporations, partnerships, and association from any and all claims, demands, and liabilities arising out of or in any way related to such investigation or disclosure.

_____ I understand that nothing contained in the application or conveyed to me during any interview that may be granted is intended to create an employment contract, implied or explicit, between me and HHS. I understand that the offer of employment can only be made by the Executive Director or her/his designee. In addition, I understand and agree that if I am employed; my employment relationship with HHS is strictly voluntary and at our mutual will. I understand that if employed, my employment is for no definite period and may be terminated at anytime, with or without prior notice, with or without cause or reason, at the option of either myself or HHS and that no promises or representations contrary to the foregoing are binding on HHS unless made in writing and signed jointly by HHS's Executive Director and myself.

_____ I understand and agree that any future changes in my title, duties, compensation, working conditions, and/or HHS benefits, policies and procedures will not alter our at-will agreement.

_____ I understand that if offered employment, I will, as a condition of employment, be required to submit proof of my identity and legal right to work in the United States on my first day of employment.

_____ I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application, I understand that any omission or misstatement on this application or on any documents used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery. Non-disclosure of criminal record could result in possible termination.

_____ I understand that as a condition of employment I am required to undergo and successfully pass a screening for drugs. I hereby consent to having the results of any such drug screening that I may be required to undergo released to Heartland Human Services.

My signature below certifies that I have read and understand this complete page and agree to the terms and conditions outlined in this document.

Printed Name

Applicant Signature

Date

Heartland Human Services
Affirmative Action Information Form

Heartland Human Services is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, the employer invites applicants and employees to voluntarily self-identify their race or ethnicity. **Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment.** The information obtained will be kept confidential and kept separate from your application. This information will only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual.

GENDER

- Male
- Female

RACE / ETHNIC GROUP

- Hispanic or Latino** - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.
- White (Not Hispanic or Latino)** - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- Black or African American (Not Hispanic or Latino)** - A person having origins in any of the black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)** - A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- Asian (Not Hispanic or Latino)** - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- American Indian (Not Hispanic or Latino)** - A person having origins in any of the original peoples of North America and South America (including Central America), and who maintain tribal affiliation or community attachment.
- Alaska Native (Not Hispanic or Latino)** - A person having origins in any of the original peoples of Alaska, and who maintain cultural identification through tribal affiliation or community recognition.
- Two or more races (Not Hispanic or Latino)** - A person who identifies with more than one of the above seven races. You are encouraged to specify the approximate percentage, for example, 50% Alaska Native and 50% White.

Name: _____

Date of Application: _____ Position(s) Applied for: _____

HR RESEARCH

Employer Research Request Form
FAX TO: (217) 342-9452

_____ Company Name	_____ Address	_____ Requestor Name	_____ Fax and Phone Number
DELIVER REPORTS VIA: <input type="checkbox"/> Fax <input type="checkbox"/> Mail			
<input type="checkbox"/> STATE CRIMINAL HISTORY _____		<input type="checkbox"/> COUNTY CRIMINAL HISTORY	
	<i>List State(s)</i>		
<input type="checkbox"/> WORK COMP	<input type="checkbox"/> CREDIT	<input type="checkbox"/> DRIVING RECORD	
<input type="checkbox"/> SEX OFFENDER	<input type="checkbox"/> SSN TRACE	<input type="checkbox"/> FINGER PRINT	
<input type="checkbox"/> US OIG	<input type="checkbox"/> STATE OIG	<input type="checkbox"/> NURSE AID REGISTRY	

REFERENCE/ EDUCATION CHECK:

Work Verification Work Reference Personal Reference Education Verification
(Reference, Previous Employer and School information including city, state and phone number are required on a separate sheet)

APPLICANT: COMPLETE THE FOLLOWING RELEASE AUTHORIZATION

- I. In connection with my application for employment, I understand that an investigative consumer report may be requested that will include information as to my character, work habits, performance, and experience, along with reasons for termination of past employment. I understand that as directed by company policy and consistent with the job described, you may be requesting information from public and private sources about my: workers compensation injuries, driving record, court record, education, credentials, credit and references.
- II. Medical and workers' compensation information will only be requested in compliance with the Federal Americans with Disabilities Act (ADA) and/or any other applicable state laws. According to the Fair Credit Reporting Act, I am entitled to know if employment is denied because of information obtained by my perspective employer from a consumer-reporting agency. If so I will be notified and given the name and address of the agency or the source which provided the information.
- III. I acknowledge that a telephonic facsimile (FAX) or photographic copy shall be as valid as the original. This release is valid for most federal, state and county agencies including the Department of Labor.
- IV. I hereby authorize without reservation, any law enforcement agency institution information service bureau, school, employer, reference or insurance company contacted by HR RESEARCH or its agents to furnish the information described in Section I
- V. The following information is required by law enforcement agencies and other entities for positive identification purposes when checking public records. It is confidential and will not be used for any other purposes. I hereby release the employer and agents and all persons, agencies and entities providing information or reports about me from any and all liability arising out of the request for or release of any of the above mentioned information or reports.

Print full name: Last First Middle
Print any other names you have used:

Home Address City State Zip Code

Social Security Number Date of Birth Place of Birth: City State

Sex: Male Female **Race:** Asian Black Hispanic White Other

Drivers License Number State Issuing License Print Name as it appears on license

Signature Today's Date