

# ADDWC

200 Moody St. Eureka, IL 61530 • V/TTY (309)467-3015 • Fax (309)467-5206

## Application for Employment

### PERSONAL INFORMATION

Application Date: \_\_\_\_\_

\_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle Initial

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Day phone #: \_\_\_\_\_ Evening phone #: \_\_\_\_\_

Email address: \_\_\_\_\_

How did you hear about ADDWC? \_\_\_\_\_

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### EMPLOYMENT DESIRED

Position: \_\_\_\_\_ Date Available to Start: \_\_\_\_\_

I am available to work the following shift(s): 1 <sup>st</sup> 2 <sup>nd</sup> 3 <sup>rd</sup>

I am interested in and will consider working:  Full-time  Part-time  Weekends  Holiday

Have you ever applied at ADDWC before?  NO  YES, when? \_\_\_\_\_

Have you ever been employed at ADDWC before?  NO  YES, when? \_\_\_\_\_

List any family or friends who are employed by ADDWC: \_\_\_\_\_

Areas of special interest or talent: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Special certifications and/or training: First Aid?  NO  YES, expires? \_\_\_\_\_  
CPR?  NO  YES, expires? \_\_\_\_\_  
DSP/Hab Aide/CNA?  NO  YES, when? \_\_\_\_\_  
Other: \_\_\_\_\_

Do you speak another language?  NO  YES, what? \_\_\_\_\_ Do you know sign language?  NO  YES

**EMPLOYMENT REQUIREMENTS** include a physical exam, 2-step TB test, possession of a high school diploma/GED, possession of a valid Illinois driver's license and auto insurance, and a clear background check with regard to crime, abuse, neglect, and exploitation.

Have you ever been convicted of child or resident abuse, neglect, or exploitation?  NO  YES, please explain: \_\_\_\_\_

Please note: Federal and state regulations require ADDWC to inquire about convictions and history of abuse, neglect, or mistreatment.

Do you possess a valid Illinois driver's license?  NO  YES, license number: \_\_\_\_\_

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## EDUCATION

Are you able to provide proof of high school diploma or equivalent? YES \_\_\_\_\_ NO \_\_\_\_\_

## WORK HISTORY

<b>Dates of Employment</b>	<b>Company</b> (include address & phone number)	<b>Job Title</b>	<b>Name of Supervisor</b>	<b>Reason for leaving</b>
From: To:				
From: To:				
From: To:				
From: To:				

## REFERENCES

Please list three individuals, not related to you, that you have known for at least one year. (Must include at least 1 professional reference.)

<b>Name</b>	<b>Address</b>	<b>Daytime Phone Number</b>	<b>Relationship</b>

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## ACKNOWLEDGEMENT

I understand that I am required to follow the standards and regulations of ADDWC. I understand that my employment is at-will and may be terminated by myself or ADDWC at any time, for any reason. I understand that no ADDWC representative has the authority to make any other employment agreement, including a contract, other than stated above. I authorize ADDWC to investigate all information contained in this application and that any misrepresentations or omissions of information are cause for dismissal, regardless of when discovered. If employed, I understand that I must submit to a physical examination (examining physician may disclose the findings to ADDWC), nurse aid registry check, DCFS background check, and Criminal Background Check as conditions of my employment.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## Employment Reference Check Authorization

To whom it may concern:

The applicant listed below has made application for employment with ADDWC and has granted the organization the authority to request information from you, either written or verbally.

Applicant name: \_\_\_\_\_  
Last First Middle Initial Maiden (other)

Applicant certification:

I hereby authorize you to release any information requested by ADDWC regarding my employment and any records publicly available. I waive my right of inspection to any reference you may provide and the information you supply will be held in strict confidence by my prospective employer.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date