



# Application For Employment

Conditions of employment are stated at the end of this form. Please read carefully before you sign this application

**Please be sure and complete all sections of this application. Incomplete applications may not be considered for employment.**

POSITION APPLIED FOR: \_\_\_\_\_

DATE OF APPLICATION: \_\_\_\_\_

## PERSONAL INFORMATION

FULL NAME (Last, First, Middle Initial)

PRESENT ADDRESS (Street, City, State, Zip Code)

HOW LONG

PREVIOUS ADDRESS (If less than 5 years at present address)

HOW LONG

HOME TELEPHONE #

CELL TELEPHONE #

EMAIL ADDRESS

ARE ANY OF YOUR RELATIVES PRESENTLY EMPLOYEES, BOARD MEMBERS, OR SERVICE RECIPIENTS WITH OUR AGENCY?  YES  NO

IF YES, NAME AND RELATIONSHIP:

HAVE YOU EVER WORKED FOR OUR AGENCY BEFORE?  YES  NO

IF YES, LIST POSITION, TITLE AND DATES OF EMPLOYMENT

HOW DID YOU HEAR ABOUT THIS EMPLOYMENT OPPORTUNITY?

If job fair, list location. If other, explain:

If employee referral, please provide first and last name of employee below:

## GENERAL INFORMATION

ARE YOU AT LEAST 18 YEARS OF AGE?  YES  NO

CAN YOU, UPON EMPLOYMENT, PROVIDE GENUINE DOCUMENTATION ESTABLISHING YOUR IDENTITY AND ELIGIBILITY TO BE LEGALLY EMPLOYED IN THE UNITED STATES?  YES  NO

DO YOU HAVE A VALID STATE DRIVERS LICENSE?  YES  NO

ARE YOU ABLE TO PROVIDE PROOF OF INSURANCE COVERAGE?  YES  NO

HAVE YOU EVER BEEN DISCHARGED FROM ANY EMPLOYMENT OR ASKED TO RESIGN? YES NO

IF YES PLEASE EXPLAIN:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PLEASE CHECK SCHEDULE AVAILABILITY:**

- I am available and desire to work FULL-TIME (40 hours) and do not have restrictions on my hours and days. (Complete Section B.)
- I am available and desire to work PART-TIME (If less than 35 hours a week, please complete Sections A & B.)

**Section A:** I am only available for PART-TIME because:  Student  Other Job  Other (explain): \_\_\_\_\_

**Section B:**

Hours Available	MON	TUE	WED	THU	FRI	SAT	SUN
FROM	____	____	____	____	____	____	____
TO	____	____	____	____	____	____	____

**NOTE:** Work schedules are based upon the needs of the business and may be subject to change on a weekly basis.

Expected Wage: \$ \_\_\_\_\_  Hourly  Annual Salary Date available for work? \_\_\_\_\_

**POSITION CRITERIA****IF YOU ARE APPLYING FOR A DSP POSITION, PLEASE ANSWER THE FOLLOWING QUESTIONS:**

ARE YOU WILLING TO PROVIDE CARE TO INDIVIDUALS SUCH AS:

Helping individuals who are unable to toilet themselves.

YES  NO

Helping individuals who are unable to feed themselves.

YES  NO

ARE YOU WILLING TO ASSIST INDIVIDUALS THAT HAVE BEHAVIORAL CHALLENGES IF:

There is a possibility that an individual may hit, kick, or bite you.

YES  NO

If someone exhibits inappropriate sexual behavior or uses profanity.

YES  NO

ARE YOU WILLING TO ASSIST INDIVIDUALS THAT HAVE PHYSICAL CHALLENGES BY:

Lifting and/or assisting individuals that are non-ambulatory.

YES  NO

Learning to use mechanical devices to assist individuals.

YES  NO

**EDUCATION**

TYPE OF SCHOOL	NAME AND ADDRESS OF SCHOOL	MAJOR SUBJECT	GRADUATED	DEGREE
HIGH SCHOOL	_____	_____	<input type="checkbox"/>	_____
COLLEGE	_____	_____	<input type="checkbox"/>	_____
GRADUATE SCHOOL	_____	_____	<input type="checkbox"/>	_____
BUSINESS, TRADE, OR OTHER	_____	_____	<input type="checkbox"/>	_____

**EMPLOYMENT HISTORY**

(Starting With Most Recent)

<b>1</b>	NAME OF EMPLOYER: _____	FROM	
	TYPE OF BUSINESS: _____	MO.	YR.
ADDRESS, CITY, STATE, ZIP CODE: _____		_____	_____
PHONE NUMBER: _____		TO	
JOB TITLE: _____	_____	MO.	YR.
DESCRIPTION OF JOB DUTIES: _____		_____	_____
REASON FOR LEAVING: _____	MAY WE CONTACT YOUR EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO		

# EMPLOYMENT HISTORY

(Continued)

<b>2</b>	NAME OF EMPLOYER: _____	FROM		
	TYPE OF BUSINESS: _____	MO.	YR.	
	ADDRESS, CITY, STATE, ZIP CODE: _____			
	PHONE NUMBER: _____	TO		
	JOB TITLE: _____	SUPERVISOR'S NAME AND TITLE: _____	MO.	YR.
	DESCRIPTION OF JOB DUTIES: _____			
	REASON FOR LEAVING: _____	MAY WE CONTACT YOUR EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO		
<b>3</b>	NAME OF EMPLOYER: _____	FROM		
	TYPE OF BUSINESS: _____	MO.	YR.	
	ADDRESS, CITY, STATE, ZIP CODE: _____			
	PHONE NUMBER: _____	TO		
	JOB TITLE: _____	SUPERVISOR'S NAME AND TITLE: _____	MO.	YR.
	DESCRIPTION OF JOB DUTIES: _____			
	REASON FOR LEAVING: _____	MAY WE CONTACT YOUR EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO		
<b>4</b>	NAME OF EMPLOYER: _____	FROM		
	TYPE OF BUSINESS: _____	MO.	YR.	
	ADDRESS, CITY, STATE, ZIP CODE: _____			
	PHONE NUMBER: _____	TO		
	JOB TITLE: _____	SUPERVISOR'S NAME AND TITLE: _____	MO.	YR.
	DESCRIPTION OF JOB DUTIES: _____			
	REASON FOR LEAVING: _____	MAY WE CONTACT YOUR EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO		

## ADDITIONAL EXPERIENCE OR QUALIFICATIONS

LIST ANY OTHER EXPERIENCE, SKILLS OR OTHER QUALIFICATIONS, WHICH YOU BELIEVE SHOULD BE CONSIDERED IN EVALUATING YOUR QUALIFICATIONS FOR EMPLOYMENT. PLEASE ALSO INDICATE COMPUTER SKILLS AND SOFTWARE KNOWLEDGE IF ANY:


## ATTENDANCE AND PUNCTUALITY INFORMATION

CONSISTENT ATTENDANCE AND PUNCTUALITY ARE ESSENTIAL REQUIREMENTS OF EVERY JOB WITH THIS AGENCY.

IS THERE ANYTHING WHICH WOULD INTERFERE WITH YOUR REGULAR ATTENDANCE AND PUNCTUALITY IF YOU WERE OFFERED A JOB WITH THIS AGENCY?

YES

NO

IF YES, PLEASE EXPLAIN

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## BUSINESS REFERENCES

(At Least Three Business References)

**Failure to provide complete and accurate information may result in non-consideration of the application.**

<b>1</b>	NAME: _____	BUSINESS/HOME PHONE NUMBER: _____
	ADDRESS, CITY, STATE, ZIP CODE: _____	E-MAIL: _____
	OCCUPATIONAL TITLE/RELATIONSHIP: _____	HOW LONG KNOWN: _____
<b>2</b>	NAME: _____	BUSINESS/HOME PHONE NUMBER: _____
	ADDRESS, CITY, STATE, ZIP CODE: _____	E-MAIL: _____
	OCCUPATIONAL TITLE/RELATIONSHIP: _____	HOW LONG KNOWN: _____
<b>3</b>	NAME: _____	BUSINESS/HOME PHONE NUMBER: _____
	ADDRESS, CITY, STATE, ZIP CODE: _____	E-MAIL: _____
	OCCUPATIONAL TITLE/RELATIONSHIP: _____	HOW LONG KNOWN: _____

**PERSONAL REFERENCES**

**(Please provide two personal references.)**

**Failure to provide complete and accurate information may result in non-consideration of the application.**

<b>1</b>	NAME:	BUSINESS/HOME PHONE NUMBER:
	ADDRESS, CITY, STATE, ZIP CODE:	E-MAIL:
	OCCUPATIONAL TITLE/RELATIONSHIP:	HOW LONG KNOWN:
<b>2</b>	NAME:	BUSINESS/HOME PHONE NUMBER:
	ADDRESS, CITY, STATE, ZIP CODE:	E-MAIL:
	OCCUPATIONAL TITLE/RELATIONSHIP:	HOW LONG KNOWN:

**NOTIFICATION AND AGREEMENT**

PLEASE READ BEFORE SIGNING

**I CERTIFY THAT ALL ANSWERS GIVEN BY ME ARE TRUE, ACCURATE AND COMPLETE; I UNDERSTAND THAT THE FALSIFICATION, MISREPRESENTATION OR OMISSION OF FACT ON THIS APPLICATION (OR ANY OTHER ACCOMPANYING OR REQUIRED DOCUMENTS) WILL BE CAUSE FOR DENIAL OF EMPLOYMENT OR IMMEDIATE TERMINATION OF EMPLOYMENT, REGARDLESS OF WHEN OR HOW DISCOVERED.**

Questions regarding this statement should be directed to the Human Resource Department before signing. The application will be given every consideration, but its receipt does not imply that the applicant will be employed.

CSS provides equal employment opportunities (EEO) to all employees and applicants for employment without regard race, color, religion, sex, gender identity, sexual orientation, pregnancy, status as a parent, national origin, age, disability (physical or mental), family medical history or genetic information, political affiliation, military service, or other non-merit based factors. These protections extend to all terms and conditions of employment, including recruitment and hiring practices, appraisal systems, promotions, training, and career development programs.

Are you able to perform the duties of the job with or without reasonable **accommodations**?  YES  NO

I authorize the investigation of all statements and information contained in this application. I release from all liability anyone supplying such information and I also release the employer from all liability that might result from making an investigation.

If hired, I agree to abide by all of the Agency rules and regulations, and understand that, if employed, my employment may be terminated with or without cause, and with or without notice, at any time, at the option of either the Agency or me, I further understand that no representation, whether oral or written by any representative or agent of the Agency, at any time, can constitute a contract of employment. I understand that the Agency and all Plan Administrators shall have the maximum discretion permitted by law to administer, interpret, modify, discontinue, enhance or otherwise change all policies, procedures, benefits or other terms or conditions of employment other than in a document signed by the President/CEO, or to make any agreement contrary to the foregoing. If hired, you will need to provide documents relating to your identity and employment eligibility and driving record. All offers of employment are contingent upon your ability to pass all required checks, including reference checks, background checks including: State Police fingerprint check, HCWR, OIG, DCFS, IL Sex Offender, TB test, any other required tests, and presentation of all required documentation.

I acknowledge that I have read and understand the above statements and hereby grant permission to confirm the information supplied on this application by me.

APPLICANT SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

**THIS APPLICATION FOR EMPLOYMENT IS GOOD FOR SIX MONTHS ONLY.  
CONSIDERATION FOR EMPLOYMENT AFTER SIX MONTHS REQUIRES A NEW APPLICATION.**

Please Save Application When Finished and Upload Through Our Site.



## Disclosure to Employment Application

**This is to notify you that a background and reference check will be conducted on you for employment purposes.**

By signing the release below, I hereby authorize Community Support Service, Inc. to contact any and all corporations, former employers, educational institutions, law enforcement agencies, city, state, county, and federal courts, military services to release information about my background including but not limited to, information about employment, education, training, driving record, criminal record and general public records history to Community Support Services, Inc.

I release from all liability all persons, companies, schools supplying such information. I indemnify Community Support Services, Inc. against any liability, which may result from making such requests. This release shall remain in effect for the length of my employment. I understand and I may have a right to request additional disclosures regarding the nature and scope of the investigation.

I believe to the best of my knowledge that all information I have provided is accurate, true and correct and that I fully understand the terms of this release.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Date received degree (if applicable): \_\_\_\_\_

Last 4 digits of Social Security #: \_\_\_\_\_

Driver's License Number & State: \_\_\_\_\_

\_\_\_\_\_  
(Signature of Applicant)

\_\_\_\_\_  
(Date)