



# APPLICATION FOR EMPLOYMENT

Human Service Center  
10257 State Route 3  
Red Bud, Illinois 62278

Date of Application \_\_\_\_\_ Date Available for Work \_\_\_\_\_

Referral Source: [ ] Advertisement \_\_\_\_\_ [ ] Friend/Relative [ ] Walk-In [ ] Other \_\_\_\_\_

Position (s) applying for: \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_  
First Middle Last

Address \_\_\_\_\_  
Street City State Zip Code

Have you been convicted of a Felony? [ ] YES [ ] NO

If YES, please explain: \_\_\_\_\_

\*The applicant is not obligated to disclose sealed or expunged records of conviction or arrest.

## \* \* EDUCATION \* \*

High School \_\_\_\_\_ Graduated [ ] YES [ ] NO [ ] GED

College/University \_\_\_\_\_ Graduated [ ] YES [ ] NO

Business/Trade Or Correspondence School \_\_\_\_\_ Graduated [ ] YES [ ] No

Dates Enrolled From \_\_\_\_\_ To \_\_\_\_\_ Major \_\_\_\_\_

Describe Specialized Training or Skills Relevant to position (s) applying for:

## \* \* REFERENCES \* \*

Provide Three References who are not Related to you or who are not Previous or Current Employees of HSC

NAME	ADDRESS	PHONE

The Human Service Center is an Equal Opportunity Employer. To assist in completion of Affirmative Action Goals, we invite you to complete the following information. Completion of this information is not required.

Circle the ONE letter which is appropriate.

FEMALE MALE

- |   |   |                                    |
|---|---|------------------------------------|
| A | G | WHITE not Hispanic Origin.         |
| B | H | BLACK not Hispanic Origin.         |
| C | I | AMERICAN INDIAN OR ALASKAN NATIVE. |
| D | J | ASIAN OR PACIFIC ISLANDER.         |
| E | K | SPANISH OR HISPANIC.               |

\* \* EMPLOYMENT HISTORY \* \*

Currently (Or Last)

Employed by: \_\_\_\_\_ Dates employed from \_\_\_\_\_ to \_\_\_\_\_  
Address \_\_\_\_\_ Job Title \_\_\_\_\_  
\_\_\_\_\_ Supervisor \_\_\_\_\_  
\_\_\_\_\_ Contact Phone #: \_\_\_\_\_

List and describe your duties and responsibilities \_\_\_\_\_  
\_\_\_\_\_

Reason for leaving

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Employed by: \_\_\_\_\_ Dates employed from \_\_\_\_\_ to \_\_\_\_\_  
Address \_\_\_\_\_ Job Title \_\_\_\_\_  
\_\_\_\_\_ Supervisor \_\_\_\_\_  
\_\_\_\_\_ Contact Phone #: \_\_\_\_\_

List and describe your duties and responsibilities \_\_\_\_\_  
\_\_\_\_\_

Reason for leaving

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Employed by: \_\_\_\_\_ Dates employed from \_\_\_\_\_ to \_\_\_\_\_  
Address \_\_\_\_\_ Job Title \_\_\_\_\_  
\_\_\_\_\_ Supervisor \_\_\_\_\_  
\_\_\_\_\_ Contact Phone #: \_\_\_\_\_

List and describe your duties and responsibilities \_\_\_\_\_  
\_\_\_\_\_

Reason for leaving

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Employed by: \_\_\_\_\_ Dates employed from \_\_\_\_\_ to \_\_\_\_\_  
Address \_\_\_\_\_ Job Title \_\_\_\_\_  
\_\_\_\_\_ Supervisor \_\_\_\_\_  
\_\_\_\_\_ Contact Phone #: \_\_\_\_\_

List and describe your duties and responsibilities \_\_\_\_\_  
\_\_\_\_\_

Reason for leaving

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Do you have a valid Illinois driver's license? YES [ ] NO [ ]  
Have you ever been employed as a professional driver? YES [ ] NO [ ]  
If yes, type car/van [ ] bus [ ] truck [ ] CDL type \_\_\_\_\_  
Has your license ever been suspended or revoked? YES [ ] NO [ ]

**PROFESSIONAL STAFF ADDENDUM**

1. Have you ever had any licensing board or professional ethics body ever require you to surrender your license or found you guilty of violation of ethics codes, professional misconduct, professional conduct, incompetence or negligence in any state or country?  Yes  No

If yes, please give full particulars in order for your application to be considered.

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2. Are there any complaints, charges or investigations pending against you by any licensing board or professional ethics codes, professional misconduct, unprofessional conduct, incompetence or negligence in any state or country?  Yes  No

If yes, please give full particulars and copies of charges, correspondence and any findings in order for your application to be considered.

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3. Are there any circumstances of which you are aware of that may result in any professional liability claim or suit being made against you, your predecessors in business or against any past or present partner(s)?  Yes  No

If yes, please give full particulars in order for your application to be considered.

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4. Have you engaged in or ever been engaged in any sexual misconduct with any of your current or former patients or any current or former patient's spouse or any person with a direct relationship to the patient or former patient (for example a guardian, blood relative of the patient or spouse or any person sharing the patient's domicile)?  Yes  No

(Sexual misconduct means any actual or alleged erotic physical contact or attempt threat or proposal thereof.)

If yes, please give full particulars in order for your application to be considered.

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COMMENTS:

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**Please see back page for signature.**

I understand that this application is not intended to be a contract of employment. I also understand that, if employed, false or misleading information given on my application or interview may result in my discharge.

I understand this application will be active for a period of one year; after that time, if I wish to be considered for employment, I must submit a new application.

I understand that the Human Service Center will thoroughly investigate my work and personal history and verify all data given on this application, on related papers, and in interviews. I authorize all individuals, schools and firms named therein, except my current employer if so noted, to provide any information requested about me, and I release them from all liability for damage in providing any information.

I certify that all the statements herein are true and understand that any falsification or willful omission shall be sufficient cause for dismissal or refusal of employment.

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SIGNATURE OF APPLICANT

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DATE