



2130 North Knoxville Avenue
Peoria, Illinois 61603
Telephone (309) 685-1047
Fax (309) 687-7299
www.chail.org

An Equal Opportunity Employer and Service Provider

Application for:

____ AmeriCorp Fellow ____ Paid Employment ____ Volunteer ____ Internship

Name _____ Social Security Number _____

Address _____
(Street) (Apartment Number)_

(City) (State) (Zip) Telephone _____

Position(s) Applied For _____

Salary Expected _____ Are you employed now? Yes No

Are you legally eligible for employment in the USA? Yes No

Are you available to work: Full-time Part-time Shift work Temporary

Have you ever worked for Children's Home before? Yes No

If yes, when and in what position _____

**** The Children's Home conducts criminal background investigations for all applicants. Any falsification, misrepresentation and/or omission of facts in this application may result in immediate dismissal as a paid employee, volunteer or intern. ****

Have you ever been convicted of a crime other than a minor traffic violation? Convictions will not automatically disqualify job candidates; the seriousness of the crime and the date of conviction will be considered in conjunction with DCFS Rule 385.

Yes No I would like to discuss this with someone from Children's Home.

If the answer is yes, list all pertinent details: _____

List your special talents, abilities and experiences which you believe would be helpful to you in this position: _____

List all experience with children (other than paid employment): _____

EMPLOYMENT EXPERIENCE (Start with present or last job.)

Employer	Dates Employed From To		Responsibilities
Address			
Telephone () -			
Job Title	Rate of Starting	Pay Final	
Supervisor			
Reason for Leaving			
Employer	Dates Employed From To		Responsibilities
Address			
Telephone () -			
Job Title	Rate of Starting	Pay Final	
Supervisor			
Reason for Leaving			
Employer	Dates Employed From To		Responsibilities
Address			
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Job Title	Rate of Starting	Pay Final	
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Reason for Leaving			
Employer	Dates Employed From To		Responsibilities
Address			
Telephone () -			
Job Title	Rate of Starting	Pay Final	
Supervisor			
Reason for Leaving			

* If you need more space, please continue on a separate piece of paper.

**EDUCATIONAL
BACKGROUND**

Name & Address of School	Course of Study/Major	Did you Graduate?	List Degree
High School			
College			
Graduate School			
Other Schools			

****Include a certified original transcript of your degree or, if a degree is not required for the position for which you are applying, a copy of your high school diploma.****

Professional Licenses and/or Certificates _____

REFERENCES

List five individuals who can provide information on your training and job skills. **Please do not list immediate family members, other relatives, or friends.**

Name	Address	Phone	Relationship to You

(Information provided by references is confidential and cannot be shared with applicants.)

Applicant's Statement

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of Children's Home, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the President of Children's Home. Both the undersigned and Children's Home may end the employment relationship at any time, with or without notice or reason. If employed, I understand that the agency may change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that falsification, misrepresentation, and/or omission of facts called for is cause for dismissal at any time without any previous notice. I authorize the investigation of all matters contained in this application and hereby give Children's Home permission to contact schools, previous and current employers, references, and others, and hereby release Children's Home from any liability as a result of such contact.

Applicant Signature _____ Date _____

REPORTS OF CHILD ABUSE AND NEGLECT
June 1, 1994 - PT 94.17

Section 300. APPENDIX A Acknowledgment of Mandated Reporter Status

I, _____, understand that if I am employed, I will become a mandated reporter under the Abused and Neglected Child Reporting Act (Ill. Rev. Stat. 1985, ch. 3, pars. 2051 et. seq.) This means that I am required to report or cause a report to be made to the child abuse Hotline number (1-800-25A-BUSE) whenever I have reasonable cause to believe that a child known to me in my professional or official capacity may be abused or neglected. I understand that there is no charge when calling the Hotline number and that the Hotline operates 24-hours per day, 7 days per week, 365 days per year.

I further understand that the privileged quality of communication between me and my patient or client is not grounds for failure to report suspected child abuse or neglect. I know that if I willfully fail to report suspected child abuse or neglect I may be found guilty of a Class A misdemeanor. This does not apply to physicians who will be referred to the Illinois State Medical Disciplinary Board for action.

I also understand that if I am subject to licensing under the Illinois Nursing Act of 1987, the Medical Practice Act of 1987, the Illinois Dental Practice Act, the School Code, the Acupuncture Practice Act, the Illinois Optometric Practice Act of 1987, the Illinois Physical Therapy Act, the Physician Assistants Practice Act of 1987, the Podiatric Medical Practice Act of 1987, the Clinical Psychologist Licensing Act, the Clinical Social Work and Social Work Practice Act, the Illinois Athletic Trainers Practice Act, the Dietetic and Nutrition Services Practice Act, the Marriage and Family Therapy Act, the Naprapathic Practice Act, the Respiratory Care Practice Act, the Professional Counselor and Clinical Professional Counselor Licensing Act, the Illinois Speech-Language Pathology and Audiology Practice Act, I may be subject to license suspension or revocation if I willfully fail to report suspected child abuse or neglect.

I affirm that I have read this statement and have knowledge and understanding of the reporting requirements, which apply to me under the Abused and Neglected Child Reporting Act.

Signature of Applicant/Employee

Date

(Source: Recodified from 89 Ill. Adm. Code 302, Appendix A, at 11 Ill. Reg. 3492)



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RELEASE OF INFORMATION

I hereby authorize any person, educational institution, or company I have listed on my application and/or resume to disclose in good faith any information they may have regarding my qualifications and fitness for employment. I will hold The Children's Home Association of Illinois, any former employers, educational institutions, and any other person giving references free of liability for the exchange of this information and any other reasonable and necessary information incident to the employment and/or volunteer process.

Signature: _____

Date: _____

APPLICANT DATA RECORD

Applicants are considered for employment, and employees are treated during employment without regard to race, religion, sex, national origin, age, marital status, disability, or veteran status.

As an employer, we comply with all applicable government regulations and affirmative action responsibilities.

Solely to help us comply with reporting and other legal requirements, please fill out the Applicant Data Record. We appreciate your cooperation. (Submission of information is voluntary.)

This data is for periodic reporting and will be kept in a Confidential File separate from the Application for Employment.

Date: _____ Position(s) Applied For: _____

Referral Source: Job Service Walk In Children's Home Website Employment Agency
 College/University Newspaper (Which one?) _____
 Children's Home Employee (Name) _____

Applicant's Name _____ Telephone _____
Last First M. I.

Address _____
Street City State Zip

Affirmative Action Survey

We are periodically required to report on the sex, ethnicity, handicapped and bilingual – Spanish speaking status of applicants. This data is for analysis and affirmative action only. Submission of information is voluntary.

Check one: Male Female

Check one: White Black Hispanic Asian Native Hawaiian/Pacific Islander
 American Indian/Alaskan Native Two or More Races

Check if any of the following are applicable:

Proficient in speaking and writing both English and Spanish

Proficient in speaking and writing both English and another language (sign language may be counted as another language)

Vietnam Veteran

Other Veteran

Disabled/Handicapped