

BARBARA OLSON CENTER OF HOPE

Employment Application



3206 N. Central Avenue
 Rockford, IL 61101
 (815) 964-9275 Fax (815)964-9607
 www.b-olsoncenterofhope.org

APPLICANT INFORMATION

Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	E-mail Address		
Date Available			Desired Salary
Position Applied for			
What shift are you looking for?	Full Time <input type="checkbox"/>	Part time <input type="checkbox"/>	On Call <input type="checkbox"/>
	Referred by?		
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?

EDUCATION

High School	Address	
Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Degree		
College	Address	
Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Degree		
Other	Address	
Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Degree		

REFERENCES

Please list three professional references.

Full Name	Relationship
Company	Phone
Address	
Full Name	Relationship
Company	Phone
Address	
Full Name	Relationship
Company	Phone
Address	

PREVIOUS EMPLOYMENT

Company				Phone		
Address				Supervisor		
Job Title			Starting Salary	\$	Ending Salary	\$
Responsibilities						
From		To		Reason for Leaving		
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Company				Phone		
Address				Supervisor		
Job Title			Starting Salary	\$	Ending Salary	\$
Responsibilities						
From		To		Reason for Leaving		
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Company				Phone		
Address				Supervisor		
Job Title			Starting Salary	\$	Ending Salary	\$
Responsibilities						
From		To		Reason for Leaving		
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>	

MILITARY SERVICE

Branch			From		To	
Rank at Discharge				Type of Discharge		
If other than honorable, explain						

SPECIAL SKILLS AND QUALIFICATIONS:

Summarize any special skills or qualifications that are relevant to the position applying for.

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. This application for employment shall be considered active for 180 days.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in the immediate separation of my employment.

Signature

Date

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, disability, veteran status or any other legally protected status.

AFFIRMATIVE ACTION VOLUNTARY INFORMATION
(Completion of information below is voluntary)

To be completed by applicant. Not for interview purposes. To be filed separately from application. This information is used to satisfy the Affirmative Action requirements of Section 503 of the Rehabilitation Act or as necessitated by another federal law or regulation.

As required, we comply with government regulations including Affirmative Action obligations where they apply. In an effort to comply with requirements regarding government recordkeeping, reporting and other legal obligations, we ask that you complete this applicant data survey. Your cooperation is appreciated.

Please be advised that this survey is not a part of your official application for employment. It is considered confidential information that will not be used in any hiring decision.

Position(s) applied for _____ Date ____ / ____ / ____

Referral Source

Walk-in Government Employment Agency Private Employment Agency Employee
 Relative School Advertisement - Source _____ Other

Name of person who referred you (if applicable) _____

Applicant Information

Name _____ () _____
Last First Middle Area Code Phone

Address _____
Street City State Zip Code

Please check one of the following Equal Employment Opportunity Identification Groups:

White Black (not of Hispanic origin) Hispanic
 American Indian/Alaskan Native Asian/Pacific Islander

SPECIAL NOTICE

To Vietnam Era Veterans, Disabled Veterans & Individuals With Physical Or Mental Disabilities:
Certain employers subject to the Vietnam Era Veterans Readjustment Act of 1974 and the Rehabilitation Act of 1973 are required to take affirmative action to employ and advance in employment qualified disabled veterans, veterans of the Vietnam era and qualified handicapped individuals.

You are invited to volunteer this information, if you qualify, to assist in proper placement and determining reasonable accommodation. This information will be considered confidential. Refusal to provide this information will not adversely affect your consideration for employment.

If you so wish to be identified, please check if any of the following are applicable:

Vietnam era Veteran (served between 1964-1975) Disabled Veteran Individual with a disability

BARBARA OLSON CENTER OF HOPE
3206 NORTH CENTRAL AVENUE
ROCKFORD, IL 61101
(815) 964-9275
FAX (815) 964-9607

**RELEASE AND WAIVER
(WRITTEN REQUEST FOR REFERENCE & EMPLOYMENT VERIFICATION)**

From: Pamela Carey, Director of Human Resources

_____ has applied for employment with our agency.
(Print Your Full Name)
This signed release is provided for your information and verification.

TO BE COMPLETED BY APPLICANT:

Current Employer: _____

If Not Currently Employed, Last Employer: _____

Direct Supervisor's Name: _____

Business Address: _____

Business Phone No.: _____ (Street) (City) (State) (Zip Code)
Fax No.: _____

Dates of Employment:
From _____ to _____
(Month & Year) (Month & Year)

Name Worked Under (if different from above): _____

Last Wage Rate or Monthly Salary: \$ _____ per week / biweekly / annual

Reason(s) for Leaving:

I authorize _____ to furnish Barbara Olson Center of Hope with whatever information
(Former/Current Employer)
they may have regarding my employment, including my reason(s) for leaving. I am signing this Release and Waiver
voluntarily and do request that _____ respond to this reference inquiry in writing
(Former/Current Employer)
and/or verbally with full and complete information. Since this reference is an important part of my application for
employment with Barbara Olson Center of Hope, I, therefore, waive and release
(Former/Current Employer)
from any and all claims of causes of action in law or equity, including but not limited to, defamation of character or
invasion of privacy, which might arise from responding to this reference check.

Signature: _____ Date: _____

MOTOR VEHICLE DRIVER'S CERTIFICATION OF VIOLATIONS

I certify that the following is a true and complete list of traffic violations (other than parking violations) for which I have been convicted or forfeited bond or collateral during the past 12 months.

Date	Offense	Location	Type of Vehicle Operated
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If no violations are listed above, I certify that I have not been convicted or forfeited bond or collateral on account of any violation required to be listed during the past 12 months.

(Date of Certification)

(Driver's Signature)

(Motor Carrier's Name)

(Motor Carrier's Address)

(Reviewed by: Signature)

(Title)