Opportunity House, Inc.

# **APPLICATION FOR EMPLOYMENT**

#### An Equal Opportunity Employer That Offers A Drug Free Workplace

It is our policy to comply with all applicable laws prohibiting discrimination in employment based on race, age, color, sex, religion, national origin, or other protected classes, in all our employment practices, and to hire only U.S. Citizens or aliens lawfully authorized to work in the United States.

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| --- | --- | --- | --- | --- | --- | --- | --- |
| Last Name | First Name | | | Middle Name | | Date | |
| Street Address | | | City | | State | | Zip |
| Telephone Number (     )       - | | E-mail: | | | | | |

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| Are you 18 years or older?  Yes  No |
| Are you a U.S. Citizen or otherwise authorized to work in the U.S. on an unrestricted basis?  Yes  No |

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| Job (s) applying for: 1.       2. | |
| Are there any hours, shifts or days you cannot or will not work?  No  Yes  If yes, please explain: | |
| Do you want full-time or part-time work?  Full-time  Part-time  If part-time, explain in detail why: | |
| Wage or Salary desired? $       per  If hired, when would you be available to start work? | Are you bilingual?  No  Yes  Language: |

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| **\*\* How did you hear about us?**       If a current Opportunity House staff person referred you, please indicate their name: |

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| If necessary for the position, do you have a vehicle which can be used for business travel?  Yes  No |
| **IMPORTANT:** If you are hired, we will do a motor vehicle driving record check and a criminal record background check. |
| Do you have a valid Illinois driver’s license?  Yes  No |
| How many driving accidents [ whether at fault or not ], violations, restrictions, or suspensions have you had within the last 3 years? Please explain: |

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| **EDUCATION** | **NAME AND LOCATION OF SCHOOL** |  |
| High School |  |  Received Diploma or GED |
| College / University |  |  Received Degree – Major |
| College / University |  |  Received Degree – Major |
| Other Training / Education | | |
| If you are attending or are planning to attend school / college, please give details: | | |

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| **MILITARY SERVICE RECORD:** Have you ever served in the U.S. armed forces?  No  Yes  If yes, what were your duties and did you receive any special training? |

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| **EMPLOYMENT HISTORY [ List your last 3 employers, starting with the most recent ]** | | | | | | | |
| Employer: | | | Dates Employed  From:       To: | | | | |
| Street Address: | | City: | | | State: | | Zip: |
| Phone #: | Hours Worked  Per Week: | |  | | | | |
| Job Title: | | | | | | | |
| Immediate Supervisor / Title: | | | | | | | |
| Nature of work performed: | | | | | | | |
| Reason for leaving: | | | | | | | |
| May we contact employer for reference?  Yes  No Comments: | | | | | | | |
|  | | | | | | | |
| Employer: | | | Dates Employed  From:       To: | | | | |
| Street Address: | | City: | | | State: | | Zip: |
| Phone #: | Hours Worked  Per Week: | |  | | | | |
| Job Title: | | | | | | | |
| Immediate Supervisor / Title: | | | | | | | |
| Nature of work performed: | | | | | | | |
| Reason for leaving: | | | | | | | |
| May we contact employer for reference?  Yes  No Comments: | | | | | | | |
|  | | | | | | | |
| Employer: | | | Dates Employed  From:       To: | | | | |
| Street Address: | | City: | | State: | | Zip: | |
| Phone #: | Hours Worked  Per Week: | |  | | | | |
| Job Title: | | | | | | | |
| Immediate Supervisor / Title: | | | | | | | |
| Nature of work performed: | | | | | | | |
| Reason for leaving: | | | | | | | |
| May we contact employer for reference?  Yes  No Comments: | | | | | | | |

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| In addition to your work history, what other experiences, skills, or qualifications would especially fit you for work with our Company |

## PLEASE READ CAREFULLY

**APPLICANT’S CERTIFICATION AND AGREEMENT**: I hereby certify that the facts set forth in this Application for Employment are true and complete to the best of my knowledge. I understand that if employed, falsified statements or deliberate omissions on this application or my attached resume may result in my dismissal, regardless of the time of discovery by Opportunity House, Inc.

I understand that this Application and other Company documents are not contracts of employment.

I authorize the Company to thoroughly investigate my references, work record, driving record, criminal record, and other matters related to my suitability for employment. I also release the Company from any claims in any way related to such investigation.

I understand that under the Illinois Health Care Worker Background Check Act, the Company will request a criminal history record check on all direct care employees. An applicant will not be hired and an employee will be discharged if he/she has a record of conviction of any of the criminal offenses specified in the Act, unless the record is cleared or a waiver is received. I understand I have the right to obtain a copy of the criminal records report, challenge its accuracy/completeness, and request a waiver.

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| Signature of Applicant: | Date: |

Please note that this application is considered current for ninety (90) days. If you want to be considered for employment after this time, you must complete another Application for Employment.

**OPPORTUNITY HOUSE, INC.**

**357 N California Street**

#### Sycamore, Illinois 60178

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| REQUEST FOR EMPLOYMENT INFORMATION | | | | | | | |
| **TO:** | | | **FROM: HR Department** | | | | |
| **Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | **Opportunity House, Inc.**  **357 N California Street**  **Sycamore, IL 60178**  **Fax#: 815-895-9840** | | | | | |
| **Attn: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | |
| **Fax#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | |
| \*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\* AUTHORIZATION TO RELEASE INFORMATION\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\* | | | | | | | |
| I authorize investigation and release of any personnel information requested by Opportunity House, Inc. regarding my employment. I waive the written notice requirement to release any disciplinary information. I release the employer and person completing this form from any liability of any type for furnishing the requested information. I further agree that a photocopy of this Employment Authorization is as valid and binding as the original. | | | | | | | |
| Name of Applicant: [please print] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |
| Name of Applicant: [signature]  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | Date:  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | |
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| \*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\* | | | | | | | |
| The applicant listed above has applied for a position with our company. Information you furnish will be kept strictly confidential. **Please complete the requested information and fax this form back to us at the fax # listed above. Thank you.** | | | | | | | |
| Is the following information correct? If not, please show correct data:  Yes/No Corrected Data   |  |  |  |  | | --- | --- | --- | --- | | Employment dates: | to | 🞏 🞏 | to | | Position held: |  | 🞏 🞏 |  | | | | | | | | |
|  |  | | | |  |  | |
| Please Rate Applicant On: | Above Average | | | | Average | Below Average | |
| Attendance |  | | | |  |  | |
| Quality of Work |  | | | |  |  | |
| Quantity of Work |  | | | |  |  | |
| Ability to work with others |  | | | |  |  | |
| Initiative |  | | | |  |  | |
| Why did the person leave your employment? | | | | | | | |
| Would you re-hire? Yes No If no, please explain: | | | | | | | |
| Any other comments you would like to make? | | | | | | | |
| Completed By: | | | | Title: | | | Date: |

THANK YOU FOR COMPLETING THIS FORM

Opportunity House, Inc.

**VOLUNTARY AFFIRMATIVE ACTION INFORMATION**

(Completion of Information Below is Voluntary)

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| **In an effort to comply with government recordkeeping requirements, we ask that you complete this applicant data survey. Your cooperation is appreciated.**  **This information is not a part of your application for employment. It is considered confidential information that will not be used in any hiring decision.**  **We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, disability, marital or veteran status, or any other legally protected status. We comply with government regulations including Affirmative Action obligations where they apply.** | |
| **DATE:** | |
| **APPLICANT’S NAME** Last: | First: |
| **CHECK ONE**: Male  Female | |
| **CHECK ONE OF THE FOLLOWING RACE/ETHNIC GROUP:**  American Indian/Alaskan Native  Black or African American  Hispanic or Latino  Pacific Islander / Natvie Hawaiian  Asian  White | |
| **CHECK IF ANY OF THE FOLLOWING ARE APPLICABLE:**  Vietnam ERA Veteran  Disabled Veteran  Individual with Disability | |
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| Please provide the following information for our records:  **REFERRAL SOURCE:**  Newpaper  Relative  Walk-in  School / College  Internet  A current Opportunity House employee referred me. Their Name:  Government or Private Employment Agency  Other | |