



# EMPLOYMENT APPLICATION

VOICE/TDD (217) 348-0127  
FAX (217) 348-0740  
www.ccarindustries.org  
An Equal Opportunity Employer

We consider applicants for all positions without regard to race, color, religion, sex, sexual preference, national origin, age, marital or veteran status, the presence of a medical condition or handicap (not job related), or any other legally protected status. Applicants are not obligated to disclose sealed or expunged records of conviction or arrest. Under Illinois law we are mandated to do a criminal background check. Passing it will be required before a final job offer. If you need assistance filling out this application, please ask the receptionist.

Date \_\_\_\_\_

Position(s) Applied for _____	Salary Expected _____	Per _____
Name _____		
_____ Last	_____ First	_____ Middle
Address _____	City _____	State <input type="text"/> Zip _____
Telephone Number _____	Social Security Number _____	
Email Address _____		

If necessary, the best time to call you at home is \_\_\_\_\_ (time)

May we contact you at work?  Yes  No If yes, work number and best time to call is \_\_\_\_\_ Time \_\_\_\_\_

How did you learn of the opening? \_\_\_\_\_

Have you filed an application here before?  Yes  No if YES, give date \_\_\_\_\_

Have you ever been employed here before?  Yes  No If YES, give date \_\_\_\_\_ to \_\_\_\_\_

If YES, was it under a different name?  Yes  No

If YES, give name \_\_\_\_\_

If employed and you are under 18, can you furnish a work permit?  YES  No

Are you legally eligible for employment in this country?  Yes  No

Are you available to work:  FULL TIME  PART TIME  including SUMMER

Check each of the following you are willing to work:  NIGHTS  SATURDAYS  SUNDAYS  HOLIDAYS

On what date would you be available for work? \_\_\_\_\_

(Proof of citizenship or immigration status will be required upon employment)

Are you aware of any allegation of abuse and neglect AGAINST YOU through the Office of Inspector General Department of Human Services?  Yes  No

Are you on a layoff and subject to recall?  Yes  No

Are you willing to relocate?  Yes  No

Will you work overtime if required?  Yes  No

Will you travel if the job requires it?  Yes  No

What method of transportation will you use if required for this position? \_\_\_\_\_

If required, will you undergo a pre-employment physical?  Yes  No

Do you have any friends or relatives that work here?  Yes  No

If YES, list name(s) \_\_\_\_\_

Have you ever been bonded?  Yes  No

Driver's License Number \_\_\_\_\_

State Issued

Are you a veteran of the U.S. military service?  Yes  No

Branch \_\_\_\_\_

Indicate languages you speak, read and/or write \_\_\_\_\_

Is there any reason(s) that would limit your job functions for the position for which you are applying?  Yes  No

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

**EMPLOYMENT RECORD:** List in order, last or present employer first. List any volunteer activities. Include military experience. Attach additional sheets if necessary.

DATES		NAME, ADDRESS AND TELEPHONE NUMBER OF EMPLOYER	RATE OF PAY		SUPERVISOR'S NAME, TITLE AND EMAIL ADDRESS	REASON FOR LEAVING
From	To		Start	Finish		

YOUR TITLE \_\_\_\_\_

May we contact for reference?  Yes  No  Later

DESCRIBE IN DETAIL THE WORK YOU DID

**EMPLOYMENT RECORD (Continued):** List in order. last or present employer first. List any volunteer activities. Include military experience. Attach additional sheets if necessary.

DATES		NAME, ADDRESS AND TELEPHONE NUMBER OF EMPLOYER	RATE OF PAY		SUPERVISOR'S NAME, TITLE AND EMAIL ADDRESS	REASON FOR LEAVING
From	To		Start	Finish		

YOUR TITLE \_\_\_\_\_ May we contact for reference?  Yes  No  Later

DESCRIBE IN DETAIL THE WORK YOU DID

DATES		NAME, ADDRESS AND TELEPHONE NUMBER OF EMPLOYER	RATE OF PAY		SUPERVISOR'S NAME, TITLE AND EMAIL ADDRESS	REASON FOR LEAVING
From	To		Start	Finish		

YOUR TITLE \_\_\_\_\_ May we contact for reference?  Yes  No  Later

DESCRIBE IN DETAIL THE WORK YOU DID

DATES		NAME, ADDRESS AND TELEPHONE NUMBER OF EMPLOYER	RATES OF PAY		SUPERVISOR'S NAME, TITLE AND EMAIL ADDRESS	REASON FOR LEAVING
From	To		Start	Finish		

YOUR TITLE \_\_\_\_\_ May we contact for reference?  Yes  No  Later

DESCRIBE IN DETAIL THE WORK YOU DID

**EDUCATION AND TRAINING**

NAME OF SCHOOL AND LOCATION	LAST YEAR COMPLETED	DID YOU GRADUATE	DIPLOMA / DEGREE / CERTIFICATION / LICENSURE	MAJOR SUBJECTS STUDIED
<b>HIGH SCHOOL</b>				
<b>Name</b>	<input type="radio"/> 1			<input type="checkbox"/> <b>General</b>
<b>Address</b>	<input type="radio"/> 2	<input type="radio"/> <b>Yes</b>		<input type="checkbox"/> <b>Commercial</b>
	<input type="radio"/> 3	<input type="radio"/> <b>No</b>		<input type="checkbox"/> <b>College Prep</b>
	<input type="radio"/> 4			<input type="checkbox"/> <b>Other</b>
<b>COLLEGE</b>				
<b>Name</b>	<input type="radio"/> 1			<b>Major</b>
<b>Address</b>	<input type="radio"/> 2	<input type="radio"/> <b>Yes</b>		
	<input type="radio"/> 3	<input type="radio"/> <b>No</b>		<b>Minor</b>
	<input type="radio"/> 4			
<b>GRADUATE SCHOOL</b>				
<b>Name</b>	<input type="radio"/> 1			<b>Major</b>
<b>Address</b>	<input type="radio"/> 2	<input type="radio"/> <b>Yes</b>		
	<input type="radio"/> 3	<input type="radio"/> <b>No</b>		<b>Minor</b>
	<input type="radio"/> 4			
<b>OTHER</b>				
<b>Name</b>	<input type="radio"/> 1			<b>Major</b>
<b>Address</b>	<input type="radio"/> 2	<input type="radio"/> <b>Yes</b>		
	<input type="radio"/> 3	<input type="radio"/> <b>No</b>		<b>Minor</b>
	<input type="radio"/> 4			
<b>We will require certified copies of transcripts and other credentials sent to us before hire.</b>				

In granting authorization to CCAR Industries to obtain information from previous employers, I understand I absolve anyone from all liability for damages that may result to me on account of compliance with this authorization.

**SUMMARY:** Occasionally the form of an application blank makes it difficult for an individual to adequately summarize his/her complete background. To assist in finding the proper position for you, use the space below to summarize any additional information necessary to describe your full qualifications. Also explain any gaps in employment.

Have you ever trained others?     Yes     No

if YES, state nature of training: \_\_\_\_\_

Number trained \_\_\_\_\_

Have you ever supervised others?  Yes     No

if YES, state nature of supervision: \_\_\_\_\_

Number supervised \_\_\_\_\_

**ACTIVITIES:**

List professional, trade, business or civic activities held. (You may exclude memberships which would reveal sex, sexual preference, race, religion, national origin, age, ancestry or handicap or other protected status.)

**REFERENCES:**

Give three (3) Personal References (other than relatives or former employees)

Name	Address	Phone Number
Occupation		Email Address
Name	Address	Phone Number
Occupation		Email Address
Name	Address	Phone Number
Occupation		Email Address

**VETERAN INFORMATION:****Special employment notice to disabled veterans, Vietnam era veterans and individuals with physical or mental handicaps**

Government contractors are subject to Section 402 of the Vietnam Era Veterans Readjustment Act of 1974 which requires that they take affirmative action to employ and advance in employment qualified disabled veterans and veterans of the Vietnam Era and Section 503 of the Rehabilitation Act of 1973, as amended, which requires government contractors to take affirmative action to employ and advance in employment qualified handicapped individuals.

If you are a disabled veteran, or have a physical or mental handicap, you are invited to volunteer this information which will be treated as confidential. Failure to provide this information will not jeopardize or adversely affect your consideration for employment.

If you wish to be identified, please sign below.

- Handicapped Individual
- Disabled Veteran
- Desert Storm Veteran
- Vietnam Era Veteran

Signed \_\_\_\_\_

**APPLICANT'S STATEMENT:****PLEASE READ CAREFULLY**

I certify that answers given herein 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. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulation of the employer. In the event I am employed by CCAR Industries, I understand that CCAR Industries is an employer-at-will and the handbook, application and or other policies are not intended to constitute an employment contract. Also, that my employment is for "no definite period" and the "employment may be terminated by CCAR or myself at any time with or without notice and with or without cause."

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

\_\_\_\_\_  
DATE



NAME \_\_\_\_\_ Date \_\_\_\_\_

1. Have you completed DHS "DSP Training"?  YES  NO

If yes, from what company? \_\_\_\_\_

**2. In order to be considered for direct care positions, you will be expected to COMPLETE and PASS all 120 hours of DSP paid training requirements. There are 80 hours of on-the-job training activities and 40 hours of classroom-type activities.**

3. Check the box(s) for the shift(s) that you are available for work each day.

**Monday**

6 am - 10 am  7 am - 3:30 pm  8 am - 5 pm  3 pm - 12 am  3 pm - 9 pm  12 am - 8 am

**Tuesday**

6 am - 10 am  7 am - 3:30 pm  8 am - 5 pm  3 pm - 12 am  3 pm - 8 pm  3 pm - 9 pm  12 am - 8 am

**Wednesday**

6 am - 10 am  7 am - 3:30 pm  8 am - 5 pm  3 pm - 12 am  3 pm - 8 pm  3 pm - 9 pm  12 am - 8 am

**Thursday**

6 am - 10 am  7 am - 3:30 pm  8 am - 5 pm  3 pm - 12 am  3 pm - 8 pm  3 pm - 9 pm  12 am - 8 am

**Friday**

6 am - 10 am  7 am - 3:30 pm  8 am - 5 pm  3 pm - 7 pm  3 pm - 9 pm  7 pm - 12 am  12 am - 8 am

**Saturday (for Residential ONLY)**

8 am - 4 pm  8 am - 8 pm  4 pm - 12 am  12 am - 8 am

**Sunday (for Residential ONLY)**

8 am - 4 pm  8 am - 8 pm  4 pm - 12 am  12 am - 8 am

**Please note, if you are applying for a position in Residential then you must be available for all of the above shifts listed for Saturday and Sunday. However, you will only be required to work one shift, three out of four weekends.**

4. Are you a DHS approved Qualified Intellectual Disability Professional (QIDP)?  YES  NO

5. There may be various times open during daytime hours to accompany consumers to doctor appointments. Are you available during the hours of 8am - 3pm?  YES  NO

If so, what days? \_\_\_\_\_

Revised: 10/06/2015