



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
HIGH SCHOOL				
Name	<input type="radio"/> 1			<input type="checkbox"/> General
Address	<input type="radio"/> 2	<input type="radio"/> Yes		<input type="checkbox"/> Commercial
	<input type="radio"/> 3	<input type="radio"/> No		<input type="checkbox"/> College Prep
	<input type="radio"/> 4			<input type="checkbox"/> Other
COLLEGE				
Name	<input type="radio"/> 1			Major
Address	<input type="radio"/> 2	<input type="radio"/> Yes		
	<input type="radio"/> 3	<input type="radio"/> No		Minor
	<input type="radio"/> 4			
GRADUATE SCHOOL				
Name	<input type="radio"/> 1			Major
Address	<input type="radio"/> 2	<input type="radio"/> Yes		
	<input type="radio"/> 3	<input type="radio"/> No		Minor
	<input type="radio"/> 4			
OTHER				
Name	<input type="radio"/> 1			Major
Address	<input type="radio"/> 2	<input type="radio"/> Yes		
	<input type="radio"/> 3	<input type="radio"/> No		Minor
	<input type="radio"/> 4			
We will require certified copies of transcripts and other credentials sent to us before hire.				

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

APPLICANT DATA RECORD

CCAR Industries is committed to providing equal opportunity without regard to race, color, sex, sexual preference, religion, national origin, ancestry, age, marital status, inability to speak or comprehend the English language, physical or mental handicaps, or unfavorable discharge from the military service.

As employers, we comply with government regulations and affirmative action responsibilities.

Solely to help us comply with government record keeping, reporting and other legal requirements, please fill out the following Data Record.

This data is for periodic governmental reporting and will be kept in a CONFIDENTIAL FILE separate from the application for employment.

Date _____

Position(s) applied for _____

- Referral Source: Advertisement Government Employment Agency Relative
 Employee Private Employment Agency Walk-In
 Friend Other _____

Name _____
Last First Middle

Address _____ City _____ State Zip _____

Telephone Number _____

AFFIRMATIVE ACTION SURVEY

Government agencies require periodic reports on the sex, ethnicity, handicapped and veteran status of applicants. This data is for analysis and affirmative action only. Submission of information about a handicap is voluntary.

Check One: MALE FEMALE

- | | |
|--|---|
| <input type="checkbox"/> AFRICAN AMERICAN | <input type="checkbox"/> HISPANIC or LATINO (WHITE RACE ONLY) |
| <input type="checkbox"/> AMERICAN INDIAN /ALASKAN NATIVE | <input type="checkbox"/> HISPANIC or LATINO (ALL OTHER RACES) |
| <input type="checkbox"/> ASIAN | <input type="checkbox"/> MULTIRACIAL OR (DESCRIBE) _____ |
| <input type="checkbox"/> NATIVE HAWAIIAN /PACIFIC ISLANDER | <input type="checkbox"/> RACE MISSING / UNKNOWN |
| <input type="checkbox"/> WHITE | |

Check if any of the following are applicable:

- | | |
|---|---|
| <input type="checkbox"/> VIETNAM VETERAN | <input type="checkbox"/> DISABLED VETERAN |
| <input type="checkbox"/> HANDICAPPED INDIVIDUAL | <input type="checkbox"/> DESERT STORM VETERAN |

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: 08/22/2013, 10/06/2015. Reviewed: 05/29/2018.