



BAPTIST CHILDREN'S HOME & FAMILY SERVICES
 949 County Road 1300 N
 Carmi, Illinois 62821
APPLICATION FOR EMPLOYMENT

Date _____

PERSONAL INFORMATION

Name _____ Email _____

Address _____ Telephone _____

Are you at least 21 years of age? Yes ___ No ___

Are you legally entitled to work in the U.S.? Yes ___ No ___
 (If offered a position, federal law requires you to furnish proof of your employment authorization and your identity before you can begin work.)

If related to anyone in our employ, state name and department: _____

Name

_____ Dept.

Relation

What position are you applying for: _____

EDUCATION

<u>School</u>	<u>Name & Location</u>	<u>Years Completed</u>	<u>Graduated</u>	<u>Degree</u>
High School or G.E.D. (please circle)	_____ _____	1 2 3 4	Yes ___ No ___	_____
College	_____ _____	1 2 3 4	Yes ___ No ___	_____ _____
Graduate School or Seminary	_____ _____	1 2 3 4	Yes ___ No ___	_____ _____
Trade, Business or Correspondence School	_____ _____	1 2 3 4	Yes ___ No ___	_____ _____

*Proof of educational attainment will be required if employed.

Licenses/Certifications or additional training which equips you for the position for which you are applying: _____

REFERENCES (At least two current or past supervisors, no relatives)

<u>Name</u>	<u>Address and Phone</u>	<u>Occupation</u>	<u>Years Acquainted</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

APPLICATION FOR EMPLOYMENT

Page 2

SECURITY – (225 ILCS 10/) Child Care Act of 1969

- 1. Has your driver’s license been revoked or suspended within the past 3 years? Yes ___ No ___ If yes, please explain: _____
- 2. Have you been convicted of driving under the influence, manslaughter, or reckless homicide in the past 3 years? Yes ___ No ___ If yes, please explain: _____
- 3. Have you caused an accident that resulted in the death of any person within the past 5 years? Yes ___ No ___ If yes, please explain: _____
- 4. Have you ever been investigated for child abuse? Yes ___ No ___ If yes, please explain: _____
- 5. Have you had any previous involvement as defendants in professional malpractice litigation? Yes ___ No ___ If yes, please explain: _____
- 6. Have you been convicted of more than 2 offenses against traffic regulations governing the movement of vehicles within a twelve-month period? Yes ___ No ___ If yes, please explain: _____

EMPLOYMENT HISTORY (please list your past employment for the previous ten (10) years)

If presently employed, may we contact your employer? _____ Yes ___ No ___

If presently employed, why do you wish to make a job change? _____

* List present and past employment, beginning with most recent.

Name of Company	Address	Phone #
Position	Dates Employed (month/year) From _____ To _____	Immediate Supervisor
Duties you performed		
Reason for leaving		

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Position	Dates Employed (month/year) From _____ To _____	Immediate Supervisor
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Position	Dates Employed (month/year) From _____ To _____	Immediate Supervisor
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APPLICATION FOR EMPLOYMENT

Page 3

CHURCH MEMBERSHIP

Church Attending: _____ How long? _____

Pastor: _____
Name Address Phone #

Does applicant attend church regularly? _____ Occasionally? _____ Seldom? _____ Not at all? _____

APPLICANT'S STATEMENT:

I hereby affirm that the information provided in this employment application is true and complete, and I understand that falsification or omission of any information could result in termination of my employment.

I authorize the investigation of all statements contained in this application. I also authorize the contact of my present employer (unless otherwise noted in this application form), past employers and listed references, and other references that might know of my qualifications for employment.

I understand that this application does not create a contract of employment. I understand and agree that, if hired, my employment is for no definite period of time, and may be terminated at any time, with or without cause, and with or without notice. This understanding supersedes all prior agreements and representations, and any subsequent understanding, which affects this arrangement, must be in writing and signed by the Executive Director.

I understand that Baptist Children's Home and Family Services will conduct an investigation into my background including, but not limited to, a review of any criminal history record in any state or foreign country. I agree to cooperate in this investigation, and I specifically agree to provide a complete set of fingerprints to law enforcement officials. I understand that any offer of employment and continuing employment may be contingent upon a satisfactory credit and criminal record. If employed, I agree to immediately notify the Executive Director if I am arrested for any offense.

I further understand that employees are subject to random drug testing and employment is based on satisfactory job-related physical examinations.

Date _____ Signature _____

This application for employment shall be considered active for a period of time not to exceed 90 days. If employed, this Employment Application will become part of your permanent file.

PLEASE MAIL COMPLETED APPLICATION TO:

Baptist Children's Home & Family Services
Attn: Human Resources
949 CR 1300 N
Carmi IL 62821

RELEASE OF INFORMATION

I hereby grant permission for and release from all liability of responsibility, all persons and corporations requesting or supplying information about me to Baptist Children's Home and Family Services. The information to be disclosed and delivered includes but is not limited to my work performance, my personal lifestyle and habits, all employment records and any other relevant information that will be pertinent to my employment at BCHFS. This authorization also includes authority to copy any and all such records.

I promise all persons to whom inquiry may be made that I will not bring suit against them for providing information regarding my character, employment history, or any other information about me. I also understand that a copy of this release is as valid as the original document.

This authorization is continuing in nature and is to be given full force and effect to release information of any of the forgoing, learned or determined after the date hereof.

Date

Signature

Name Printed

PLEASE MAIL TO:

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Attn: Human Resources
949 CR 1300 N
Carmi IL 62821