



**Baptist Children's Home
And Family Services**

**Pre-Employment Statement
(Please read and execute before completing application)**

Thank you for considering Baptist Children's Home and Family Services (BCHFS). Your acceptance for employment will be based entirely on your merit. As a Christian child welfare agency, we have certain moral and legal obligations which we must follow in our employment process. Please read the remainder of this page and execute the CONSENT before completing the remainder of the application.

Consent

I understand this employer may request that an investigative consumer report be prepared which may include a credit bureau report or a report in which information as to my character is obtained through personal interviews with individuals with whom I am acquainted. I understand I have the right to request an accurate disclosure of the nature and scope of this investigation, provided such a request is made in writing to the Human Resources office within a reasonable time after the completion of this application.

I understand that the Illinois Department of Children and Family Services requires that the organization conduct an investigative report to determine if any employee or prospective employee has a criminal record. This organization does not hire anyone who has been convicted of any crime involving dishonesty.

I understand that if selected as a final candidate for employment, I may be required to take a drug test and if I test positive for illegal drugs, will not be offered employment.

I understand that if employed, I will be employed for an indefinite time and that I would be free to resign from the organization at any time, and that the organization would reserve the same freedom with respect to my employment.

I also understand that BCHFS reserves the right to verify all information contained in this application and I hereby authorize any persons possessing such information to release said information to this organization.

I understand that any false statements or failure to disclose information would be sufficient to disqualify me from employment or if employed, could result in my dismissal.

I have read the above and hereby voluntarily consent to these terms and conditions. I certify no attempt has been made to conceal pertinent information.

Signature: _____ Date: _____



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: _____

Department: _____ Relationship: _____

What position are you applying for? _____

EDUCATION

School	Name & Location	Years Completed	Graduated	Degree
High School / 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)

Name	Address and Phone	Occupation	Years Acquainted
1.			
2.			
3.			

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

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, EMAIL, OR FAX COMPLETED APPLICATION TO:

Baptist Children's Home & Family Services

Attn: Human Resources

949 CR 1300 N

Carmi IL 62821

hr@bchfs.com

618-382-3239

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 who 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

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949 CR 1300 N
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