

**APPLICATION FOR EMPLOYMENT**

WARREN ACHIEVEMENT CENTER, INC.  
P.O. BOX 560  
MONMOUTH, ILLINOIS 61462

It is our policy to provide equal employment opportunities to all qualified persons without regard to race, age, color, sex, religion, national origin, handicap, marital status, sexual orientation or any other legally protected status.

NAME \_\_\_\_\_ DATE \_\_\_\_\_  
Last First Middle

ADDRESS \_\_\_\_\_  
Street City State Zip

Telephone number where you can be reached \_\_\_\_\_

Social Security Number \_\_\_\_\_ Position applied for \_\_\_\_\_  
(if known)

E-Mail address \_\_\_\_\_ E-Mail me future openings Yes\_\_\_ No\_\_\_

Are you legally eligible for employment in the U.S.A.? \_\_Yes \_\_No

Referral Source: \_\_Advertisement \_\_Friend \_\_Relative \_\_Walk in \_\_Employment Source  
\_\_Other \_\_\_\_\_

Have you ever filed an application here before? \_\_Yes \_\_No If yes, when? \_\_\_\_\_

Have you ever been employed here before? \_\_Yes \_\_No If yes, when? \_\_\_\_\_

Are there any hours, shifts or days you cannot or will not work? \_\_\_\_\_

Shift preferred \_\_\_\_\_ \_\_part-time \_\_\_\_\_full time

Have you ever been convicted of a felony or misdemeanor? \_\_Yes \_\_No If yes, please describe \_\_\_\_\_

A conviction will not necessarily disqualify you. Not required to reveal sealed or expunged records.  
Are you employed now? \_\_Yes \_\_No Are you on lay off? \_\_Yes \_\_No

If yes, are you subject to recall? \_\_Yes \_\_No On what date will you be available for work? \_\_\_\_\_

Do you have a valid driver's license? \_\_Yes \_\_No Has your license been suspended or revoked within the past five years? \_\_Yes \_\_No If yes, please explain \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List any traffic convictions you have had within the past seven years:

\_\_\_\_\_

\_\_\_\_\_

**EMPLOYMENT**

May we contact your present employer? \_\_Yes \_\_No

List in order, last or present employer first. Please include work history for at least the past five years.

Dates Employed		Employer	Supervisor
FROM	TO		
		Address	Brief Description of Work You Did
Job Title		City, State Zip	
Reason for Leaving		Phone Number	

Dates Employed		Employer	Supervisor
FROM	TO		
		Address	Brief Description of Work You Did
Job Title		City, State Zip	
Reason for Leaving		Phone Number	

Dates Employed		Employer	Supervisor
FROM	TO		
		Address	Brief Description of Work You Did
Job Title		City, State Zip	
Reason for Leaving		Phone Number	

Dates Employed		Employer	Supervisor
FROM	TO		
		Address	Brief Description of Work You Did
Job Title		City, State Zip	
Reason for Leaving		Phone Number	

Dates Employed		Employer	Supervisor
FROM	TO		
		Address	Brief Description of Work You Did
Job Title		City, State Zip	
Reason for Leaving		Phone Number	



PLEASE READ CAREFULLY

I certify that the answers given on this Application for Employment are true and complete to the best of my knowledge. I understand that my personnel file may be subject to review from time to time by state and federal funding agencies.

I authorize investigation of all statements contained in this application, including checking with references, with the understanding that information obtained will be kept confidential.

I understand that false or misleading information given in my application or interviews shall be considered sufficient cause for dismissal.

I hereby understand and acknowledge that any employment association with Warren Achievement Center, Inc. is of an "at will" relationship and should not be construed as a contract of employment between the employer and the employee, or a promise of employment. It is also understood that the employee may resign at any time and the employer may discharge the employee at any time with or without cause.

I understand that if I am required to use my vehicle during the course of my employment, I will certify that I am adequately covered with liability insurance.

I understand also, that I am required to abide by all rules and regulations of Warren Achievement Center, Inc.

In accordance with the Drug Free Workplace Act, effective January 1, 1992, it is the policy of Warren Achievement Center, Inc., to maintain a workplace that is free from the effects of drug and alcohol abuse. I understand that employees may be required to take a test at any time while working for reasonable suspicion, follow-up treatment and safety testing to determine the presence of drugs, narcotics, or alcohol, unless such tests are prohibited by law.

In accordance with the Health Care Worker Background Check Act, effective January 1, 1996, it is the policy of Warren Achievement Center, Inc. to secure a criminal history record check on all new employees who provide personal care, direct care, or general supervision and oversight of the physical and mental well-being of individuals receiving services. Employment will be considered conditional pending the results of the criminal history record check.

Many of our consumers have lived in institutions and are highly vulnerable to communicable diseases. Applicants for employment with Warren Achievement Center, Inc. should understand that they will be working with individuals who are considered to be at high risk for communicable diseases.

Warren Achievement Center will follow the provisions as outlined in Public Act 95-0017 "The Smoke Free Illinois Act" effective January 1, 2008. This act prohibits smoking in all workplaces and within 15 feet of entrances.

By signing below, I certify that I have read and understand the above information.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Thank you for completing this application and for your interest in employment with Warren Achievement Center, Inc. We assure you that your opportunity for employment with this agency will be based only on your merit and on no other consideration.

Warren Achievement Center, Inc. reserves the right to reject all applications.

4-7-2008