Opportunity House, Inc.

APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer That Offers A Drug Free Workplace

It is our policy to comply with all applicable laws prohibiting discrimination in employment based on race, age, color, sex, religion, national origin, or other protected classes, in all our employment practices, and to hire only U.S. Citizens or aliens lawfully authorized to work in the United States.

Last Name	First Name	Middle Name	Date

Street Address	City	State	Zip

Telephone Number ( ) -	E-mail:

Are you 18 years or older? ☐ Yes ☐ No

Are you a U.S. Citizen or otherwise authorized to work in the U.S. on an unrestricted basis? ☐ Yes ☐ No

Job (s) applying for: 1. 2.

Are there any hours, shifts or days you cannot or will not work? ☐ No ☐ Yes
If yes, please explain:

Do you want full-time or part-time work? ☐ Full-time ☐ Part-time
If part-time, explain in detail why:

Wage or Salary desired? $ _____ per _____ If hired, when would you be available to start work?	Are you bilingual? ☐ No ☐ Yes Language:

**** How did you hear about us?**
If a current Opportunity House staff person referred you, please indicate their name:

If necessary for the position, do you have a vehicle which can be used for business travel? ☐ Yes ☐ No

IMPORTANT: If you are hired, we will do a motor vehicle driving record check and a criminal record background check.

Do you have a valid Illinois driver's license? ☐ Yes ☐ No

How many driving accidents [whether at fault or not], violations, restrictions, or suspensions have you had within the last 3 years? Please explain:

EDUCATION	NAME AND LOCATION OF SCHOOL	
High School		☐ Received Diploma or GED
College / University		☐ Received Degree – Major
College / University		☐ Received Degree – Major
Other Training / Education		
If you are attending or are planning to attend school / college, please give details:		

MILITARY SERVICE RECORD: Have you ever served in the U.S. armed forces? ☐ No ☐ Yes
If yes, what were your duties and did you receive any special training?

EMPLOYMENT HISTORY [List your last 3 employers, starting with the most recent]			
Employer:			Dates Employed From: To:
Street Address:	City:	State:	Zip:
Phone #:	Hours Worked Per Week:		
Job Title:			
Immediate Supervisor / Title:			
Nature of work performed:			
Reason for leaving:			
May we contact employer for reference? ☐ Yes ☐ No	Comments:		
Employer:			Dates Employed From: To:
Street Address:	City:	State:	Zip:
Phone #:	Hours Worked Per Week:		
Job Title:			
Immediate Supervisor / Title:			
Nature of work performed:			
Reason for leaving:			
May we contact employer for reference? ☐ Yes ☐ No	Comments:		
Employer:			Dates Employed From: To:
Street Address:	City:	State:	Zip:
Phone #:	Hours Worked Per Week:		
Job Title:			
Immediate Supervisor / Title:			
Nature of work performed:			
Reason for leaving:			
May we contact employer for reference? ☐ Yes ☐ No	Comments:		

In addition to your work history, what other experiences, skills, or qualifications would especially fit you for work with our Company

PLEASE READ CAREFULLY

APPLICANT'S CERTIFICATION AND AGREEMENT: I hereby certify that the facts set forth in this Application for Employment are true and complete to the best of my knowledge. I understand that if employed, falsified statements or deliberate omissions on this application or my attached resume may result in my dismissal, regardless of the time of discovery by Opportunity House, Inc.

I understand that this Application and other Company documents are not contracts of employment.

I authorize the Company to thoroughly investigate my references, work record, driving record, criminal record, and other matters related to my suitability for employment. I also release the Company from any claims in any way related to such investigation.

I understand that under the Illinois Health Care Worker Background Check Act, the Company will request a criminal history record check on all direct care employees. An applicant will not be hired and an employee will be discharged if he/she has a record of conviction of any of the criminal offenses specified in the Act, unless the record is cleared or a waiver is received. I understand I have the right to obtain a copy of the criminal records report, challenge its accuracy/completeness, and request a waiver.

Signature of Applicant:	Date:

Please note that this application is considered current for ninety (90) days. If you want to be considered for employment after this time, you must complete another Application for Employment.

OPPORTUNITY HOUSE, INC.
357 N California Street
Sycamore, Illinois 60178

REQUEST FOR EMPLOYMENT INFORMATION

TO:

Company Name: _____

Attn: _____

Fax#: _____

FROM: HR Department

Opportunity House, Inc.
357 N California Street
Sycamore, IL 60178

Fax#: 815-895-9840

********** AUTHORIZATION TO RELEASE INFORMATION**********

I authorize investigation and release of any personnel information requested by Opportunity House, Inc. regarding my employment. I waive the written notice requirement to release any disciplinary information. I release the employer and person completing this form from any liability of any type for furnishing the requested information. I further agree that a photocopy of this Employment Authorization is as valid and binding as the original.

Name of Applicant: [please print]

_____

Name of Applicant: [signature] Date:

_____ _____

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The applicant listed above has applied for a position with our company. Information you furnish will be kept strictly confidential. **Please complete the requested information and fax this form back to us at the fax # listed above. Thank you.**

Is the following information correct? If not, please show correct data:

		Yes/No	Corrected Data
Employment dates:	to	☐ ☐	to
Position held:		☐ ☐	

Please Rate Applicant On:	Above Average	Average	Below Average
Attendance			
Quality of Work			
Quantity of Work			
Ability to work with others			
Initiative			

Why did the person leave your employment?

Would you re-hire? ☐ Yes ☐ No If no, please explain:

Any other comments you would like to make?

Completed By:	Title:	Date:

THANK YOU FOR COMPLETING THIS FORM

Opportunity House, Inc.

VOLUNTARY AFFIRMATIVE ACTION INFORMATION

(Completion of Information Below is Voluntary)

In an effort to comply with government recordkeeping requirements, we ask that you complete this applicant data survey. Your cooperation is appreciated.

This information is <u>not</u> a part of your application for employment. It is considered confidential information that will <u>not</u> be used in any hiring decision.

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, disability, marital or veteran status, or any other legally protected status. We comply with government regulations including Affirmative Action obligations where they apply.

DATE:

APPLICANT'S NAME Last:	First:

CHECK ONE: Male ☐ Female ☐

CHECK ONE OF THE FOLLOWING RACE/ETHNIC GROUP:

☐ American Indian/Alaskan Native ☐ Black or African American ☐ Hispanic or Latino

☐ Pacific Islander / Natvie Hawaiian ☐ Asian ☐ White

CHECK IF ANY OF THE FOLLOWING ARE APPLICABLE:

☐ Vietnam ERA Veteran ☐ Disabled Veteran ☐ Individual with Disability

Please provide the following information for our records:

<u>REFERRAL SOURCE:</u>

☐ Newpaper ☐ Relative ☐ Walk-in ☐ School / College ☐ Internet

☐ A current Opportunity House employee referred me. Their Name: _____

☐ Government or Private Employment Agency ☐ Other _____