

We need a copy of your
valid driver's license when
you turn in your application



Thanks!

The Arc of Iroquois County

Pre-Screening Questionnaire For All Applicants

Printed Name _____

Date _____

Please respond YES or NO to the following questions:

	YES	NO
Are you legally eligible for employment in this country?		
Do you have a GED or High School Diploma?		
Do you have a Driver's License or picture ID?		
Are you able & willing to take your drug test today?		
Are you able to lift 50 lbs or more?		
Are you willing to work holidays & weekends?		
Would you submit to a background check?		
Are you willing to come in extra for training?		
Are you comfortable working in highly structured (following rules) environments?		
Are you willing to work any shift (day, evening and overnights, either sleep or awake)?		
Would you perform work outside of your normal job description?		
Would you work on your days off if asked?		
If you want part-time hours, would you be willing to work at least 16 hours per week?		
If you want full-time hours, would you be willing to work at least 36 hours per week?		
Do you have a reliable phone number that you can be reached?		

Turn over and complete page 2

If you have children do you have a reliable babysitter? Explain.
How will you assure me that you will be at work on time?
What if your mode of transportation is down, how will you get to work?
If you are trying to cover a shift that you are scheduled for, do you expect the staff that you called to cover your shift to call you back? Yes or No and Why
If you are injured away from work and you need to cover your shift what do you do?

Applicant's Name (printed)	Applicant's Signature	Date
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Applicant's Contact Information:

Address: _____ Phone #: _____
 _____ Cell #: _____

Thank you for taking the time to complete this questionnaire.
 Once completed, turn in with your application.

 Secretaries initials & date



Application for Employment

Date _____

The Arc
Iroquois County

Print Full Name _____
(last) (first) (middle)

Social Security # _____

Have you worked under any other name? _____
(If so, please list)

Address: _____
(number) (street) (city, state) (zip code)

Phone: _____

Referred by (indicate name): _____
(help wanted ad, employment agency, employee, relative, friend)

What kind of job are you seeking? _____

What wage/salary would you require? _____

Do you know anyone who does or has worked here? _____

Have you had other experience(s) with children or disabled individuals? _____

Explain: _____

How long have you lived at your current address? _____

Are you interested in:

Part-Time? Full-Time? Sub?

Indicate shift(s) you are willing to work:

1st shift - includes mornings and weekend days hours in CILA or weekdays in WCC

2nd shifts - includes shifts starting after 2p and ending between 8p & 10p

3rd shifts - usually 10p-6a or 11p-7a

Sleep - you are able to sleep

Awake - you are required to stay awake

PERSONAL	
If hired can you prove you are a United States citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No If hired but not a citizen, can you provide evidence that you are legally in this country and have official authorization to work? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have your own transportation? <input type="checkbox"/> Yes <input type="checkbox"/> No Valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No
Who should be notified in case of emergency: Name: _____ Address: _____ (number) (street) _____ (city, state) (zip code) Phone: _____	Do you have any objections to us checking your previous work references? <input type="checkbox"/> Yes <input type="checkbox"/> No (Note: Current employers are reference checked only after a conditional offer of employment has been extended and accepted by you unless you authorize us to do otherwise)
Have you ever been convicted by a Federal, State or other law enforcement authority for any violation? <input type="checkbox"/> Yes <input type="checkbox"/> No (Note: A conviction record will not necessarily be a bar to employment; all facts and circumstances will be fairly considered. You are not obligated to disclose expunged juvenile records of conviction or arrest.) If yes, explain: _____ _____	

EDUCATION				
SCHOOL/ADDRESS	CIRCLE LAST YEAR COMPLETED	OTHER SCHOOLS ATTENDED (such as college, technical, correspondence, military, etc.)		
		Name & Address	Major Subjects	Degree Earned
Elementary School:	1 2 3 4 5 6 7 8			
High School:	1 2 3 4			
Did you graduate from High School? <input type="checkbox"/> Yes <input type="checkbox"/> No				

Scholastic honors or other accomplishments for which you achieved recognition. Explain: _____

PREVIOUS EMPLOYMENT

(list most recent first)

EMPLOYER'S NAME & ADDRESS:	TELEPHONE NUMBER: SUPERVISOR: DATES EMPLOYED (FROM-TO): TYPE OF WORK: REASON FOR LEAVING:
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PROFESSIONAL REFERENCES

NAME	ADDRESS	PHONE	OCCUPATION

List personal accomplishments of an occupational nature which are noteworthy: _____

How can you contribute to the success of The Arc? _____

If hired, when would you be able to start work? _____

I authorize the investigation of a criminal background check, reference checks, Motor Vehicle Record check, and agree to take a pre-employment drug test. I understand that any offer of employment is contingent upon favorable results from the investigation, drug test and reference checks and may be withdrawn by The Arc. I release The Arc of Iroquois County and all others from liability in connection with the above and all statements within. I understand that, if employed, I will be an at-will employee and any false, misleading or untrue information herein may result in immediate dismissal, regardless of the time of discovery by The Arc of Iroquois County.

I understand that management makes every effort to accommodate individual preferences, but The Arc's needs may at times make the following conditions mandatory: overtime, shift work, shift changes or a rotating work schedule. I accept these as conditions of my continuing employment.

Signature of Applicant _____ Date _____

**TO BE COMPLETED AT TIME OF INTERVIEW
APPLICANT – DO NOT WRITE BELOW THIS LINE**

Date of Interview _____ By _____ Title _____

Date to Start Work _____ Hourly Salary \$ _____ CILA Sleep Rate \$ _____ Position: _____

Signature of Applicant _____ Date _____

Approved by Director of Human Resources _____ Date _____

All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, national origin or age
The items stated above along with other factors such as adequate job qualifications, good work history, favorable business and personal references, etc.
are conditions for employment eligibility determination.



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www.thearcirq.org

RELEASE FORM FOR PAST EMPLOYERS

I authorize The Arc of Iroquois County to make inquiries of all my past employers, educational institutions and references concerning my prior employment, the verification of my educational background and personal character. I further authorize all past employers, educational institutions and all other individuals providing references to respond to oral or written inquiries from The Arc of Iroquois County regarding my past employment, the verification of my educational background and personal character. I hereby release all such persons from any liability and damages incurred as a result of furnishing this information.

Applicant's Signature

Date

Achieve with us.



Health Care Worker Background Check

Authorization and Disclosure for Criminal History Records Information (CHRI) Check

I hereby authorize the Illinois Department of Public Health (the Department), the Department's designee, educational entities that train and/or test health care workers, staffing agencies, my current or potential employer, or a health care facility where I want to volunteer to initiate/request a CHRI check on me. I further authorize the Illinois State Police (ISP) and/or the Federal Bureau of Investigation (FBI) to release information relative to the existence or nonexistence of any criminal record, which it might have concerning me, to any initiator/requestor solely to determine my suitability for training or testing in a health care training program, employment, continued employment, or to work as a volunteer. I further authorize any entity that maintains criminal records relating to me, including but not limited to a local unit of government in any State, to release those records to the ISP, FBI, or the Department. I authorize the Department to provide any health care facility, training program, or staffing agency, to which I have provided this authorization and disclosure form, a copy of my ISP CHRI and a determination of eligibility of the FBI CHRI. I certify that the ISP, FBI, any entity that maintains criminal records, the Department, and any of their employees or officers who furnish this information shall be held harmless from all liability, which may be incurred as a result of releasing such information. I further acknowledge that a educational entity or health care employer shall not be liable for the failure to hire or retain me as an applicant, student, employee, or volunteer if I have been convicted of committing or attempting to commit one or more of the offenses stated in the Health Care Worker Background Check Act (225 ILCS 46/25)

I understand that any false statements or deliberate omissions on this document may be grounds for disqualification from employment, training, or volunteering, if discovered after employment, training, or volunteering begins, and can result in discipline up to and including my termination of employment, being a volunteer, or a student.

I understand that the information requested below regarding gender, race, height, eye color, hair color, weight, place of birth and date of birth is for the sole purpose of identification and the accurate gathering of the criminal history record information, and that it will not be used to discriminate against me in violation of the law. I understand that the provision of my Social Security number is required by law. A facsimile or photographic copy of this authorization will be as valid as the original.

First Name _____ Full Middle Name _____ Last Name _____

Mailing Address _____ City: _____ State: _____ Zip Code _____

Other Names Used _____ Telephone _____

States Where You Have Lived? _____ Place of Birth (State or Country if not US): _____ Hair Color _____ Weight _____

Male Female Date of Birth _____ Height _____ Eye Color _____ Social Security Number _____

- Race
- A** Chinese, Japanese, Filipino, Korean, Polynesian, Indian, Indonesian, Asian Indian, Samoan, or any other Pacific Islander.
 - B** Black or African American (Not Hispanic or Latino)
 - H** Hispanic or Latino (Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin)
 - I** American Indian, Eskimo, or Alaskan native, or a person having origins in any of the 48 contiguous states of the United States or Alaska who maintains cultural identification through tribal affiliation or community recognition.
 - U** Of undeterminable race. Of Untold mixture.
 - W** Caucasian (not Hispanic or Latino)

Have you ever had an administrative finding of Abuse, Neglect or Theft? Yes No If "Yes," give full details and state. Continue on back if more space is needed.

Have you ever been convicted of a criminal offense other than a minor traffic violation (do not include convictions that have been expunged, sealed or adjudicated delinquent)? Yes No If "Yes," give full details of each offense and the state in which convicted. Continue on back if more space is needed.

I certify that the above is true and correct and give my consent for my name to appear on Department's Health Care Worker Registry with the results of my criminal history records check.

(Signature) (Date)

As the parent or guardian of the above named individual, who is younger than the age of 17, I give my consent for this named individual to have a criminal history records check.

(Signature of Parent or Guardian when applicable) (Date)