

 **Welcome to  
EUROPEAN SERVICE AT HOME INC.**

**You will need the following in order to start the application process**

- 1) Driver's License**
- 2) Have your own vehicle**
- 3) Car insurance**
- 4) Social security card**
- 5) High school diploma, GED or**
- 6) Proof of Qualification**



List your last three (3) Employers, assignments or volunteer activities; starting with most recent, including military experience. Explain any gaps in employment in the comment section below.

<input type="checkbox"/> No	1) Employer:		Phone:	
	Street	City	State	Zip
<input type="checkbox"/> Yes	Address:		Job Title	
	Job Title		Immediate Supervisor and Title	
<input type="checkbox"/> Current Employer	Reason for Leaving:			
	FROM	TO	Summarize the nature of the work performed and job responsibilities	
	May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later			

<input type="checkbox"/> No	2) Employer:		Phone:	
	Street	City	State	Zip
<input type="checkbox"/> Yes	Address:		Job Title	
	Job Title		Immediate Supervisor and Title	
<input type="checkbox"/> Current Employer	Reason for Leaving:			
	FROM	TO	Summarize the nature of the work performed and job responsibilities	
	May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later			

<input type="checkbox"/> No	3) Employer:		Phone:	
	Street	City	State	Zip
<input type="checkbox"/> Yes	Address:		Job Title	
	Job Title		Immediate Supervisor and Title	
<input type="checkbox"/> Current Employer	Reason for Leaving:			
	FROM	TO	Summarize the nature of the work performed and job responsibilities	
	May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later			

**Comment** (include explanation of any gaps in employment):

**Summarize** any special skills and/or qualifications that may qualify you for work at our company:

Education Information:

NAME AND LOCATION	YEARS	DEGREE	MAJOR
High School			
College			
Other			

List any certifications you currently possess:

- |  |   |
|--|---|
| <input type="checkbox"/> Certified Nursing Assistant | <input type="checkbox"/> Certified Medical Technician |
| <input type="checkbox"/> Certified Medicine Aide     | <input type="checkbox"/> CPR Certified                |
| <input type="checkbox"/> Geriatric Nursing Assistant | <input type="checkbox"/> First Aid Certification      |
| <input type="checkbox"/> Certified Home Health Aide  | <input type="checkbox"/> Personal Support Worker      |

Other:

Personal References:

NAME	RELATION	CONTACT phone/email	YEARS KNOWN
Title:			
Title:			
Title:			

Emergency Contact:

NAME/RELATION	TELEPHONE

The undersigned hereby understands and agrees that any misrepresentation by me in this application will be sufficient cause for cancellation of this application and/or separation from the employer's service if employed.

I give the Employer the right to investigate all references and to secure additional information about me, if job related. I hereby release from liability the Employer and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

The Employer is an Equal Opportunity Employer. The Employer does not discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant's consideration for employment on a base prohibited by local, state or federal law.

I understand that just as I am free to resign at any time, the Employer reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no representative of the Employer has the authority to make assurances to the contrary.

**Under penalties as provided by law pursuant to Section 1-109 of the Illinois Code of Civil Procedure (735 ILCS 5/1-109), the Undersigned hereby certifies that the statements set forth herein are true and correct.**

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Interviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

Comments:



# 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
- Chinese, Japanese, Filipino, Korean, Polynesian, Indian, Indonesian, Asian Indian, Samoan, or any other Pacific Islander.
  - Black or African American (Not Hispanic or Latino)
  - Hispanic or Latino (Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin)
  - 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.
  - Of undeterminable race. Of Untold mixture.
  - 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)



EUROPEAN SERVICE AT HOME INC.

520 N. Hick Rd., Palatine IL 60067
Tel:(847)202.1249 Fax:(847)202.3266

Caring for you is our business

www.europeanservice.org
help@europeanservice.org

Bookkeeping Form:

The company's payday is every two weeks on Friday. Your pay is direct deposited into the account you have indicated on the Direct Deposit Authorization Form. If you do not have a bank account or do not wish to use a bank account, you can request a "NetSpend" card, where the company will deposit your wages electronically per payroll schedule.

(This box is for supervising and HR staff)
Start Date \_\_\_/\_\_\_/\_\_\_ Pay Rate: \_\_\_
HomeTrak ID# \_\_\_\_\_
Supervisor Name: \_\_\_\_\_
HR Signature: \_\_\_\_\_
PREFERRED: YES NO Check if REHIRE:
Referred by: \_\_\_\_\_
Previously employed by ESAH: YES NO

Please PRINT your Name, E-mail Address and Home Address distinctly and correctly

Name (One letter per Box)
(Last) (First) (Middle)

E-mail Address

Address Cell Phone
City State Zip

D.O.B. Gender Race

Languages Spoken
Emergency Contact
Name Phone Number Relation

Please "check" to specify your home office.
3253 - 3257 W. North Ave, Chicago, IL, 60647
520 N Hicks Rd , Palatine, IL 60067
225Barron Blvd, Grayslake, IL 60030
815 N. Church St., Suite 105, Rockford, IL 61102
1156 S. Main Street, Lombard, IL 60148
2000 Glenwood Ave., Ste. 109 Joliet, IL 60435
4606 Elm Street, McHenry, IL 60050
1620 DeKalb Ave., Sycamore, IL 60178

Legal Information

Citizen Green Card Other(explain):
Permanent Resident Expiration:
SS# - - Married Single

Total number of basic allowances you are claiming (Part 1, Line 4, of the worksheet IL -W - 4):
Enter any withholding amounts as indicated in your completed Federal W - 4:

I here sign that the above information is complete and correct, to my best knowledge; and if any changes may occur that I will notify the corporate office.

Signature: Date: