

Care Solutions of IL, Inc.  
 612 West Jackson Street  
 Morton, IL 61550

Phone - (309)263-4787  
 Fax - (309)263-4797

Date of Application
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# Application for Employment

Thank you for your interest in employment opportunities. Please complete all areas of the application. You may include a resume if you wish; however, the full application must still be completed for compliance purposes.

This facility is an Equal Opportunity Employer.

Your application will be given every consideration for the location and position for which you are applying; however, you may be contacted regarding other positions.

If you do not meet the needs of our open positions at this time, your application will be retained in our files and reviewed for future openings for a period of 60 days.

It is not necessary to re-apply during the 60-day period.

## PERSONAL INFORMATION

Last Name		First Name		Middle
Address (please include street name, street number, city, state, zip)				Social Security Number
Daytime Phone		Evening Phone		Email Address

## EMPLOYMENT DESIRED

Position Desired	Shift	Salary	Are you 18 years of age or older?	<input type="checkbox"/> Yes <input type="checkbox"/> No
First Choice			Are you employed now?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Second Choice			May we contact your present employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Third Choice			Date available to begin working	_____
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Per Diem <input type="checkbox"/> Temporary				

## Education History

Level	Name of School	City, State	Courses Taken	Diploma/Degree?
High School				<input type="checkbox"/> Yes <input type="checkbox"/> No
College				<input type="checkbox"/> Yes <input type="checkbox"/> No
Vocational/Business				<input type="checkbox"/> Yes <input type="checkbox"/> No
Professional				<input type="checkbox"/> Yes <input type="checkbox"/> No

## Professional Licenses and/or Certifications

Type	Organization or State Issued	Date Issued	Number
Type	Organization or State Issued	Date Issued	Number
Type	Organization or State Issued	Date Issued	Number

Has your license/certification ever been suspended or revoked?  Yes  No/Do you have a license that isn't currently valid?  Yes  No

If so, explain: \_\_\_\_\_

## EMPLOYMENT HISTORY

Employer Name	<b>Dates of Employment</b>	Position and Duties
	From	
Employer Address	To	Reason(s) for Leaving
	<b>Salary</b>	
Supervisor's Name	Starting	
Area Code + Phone Number	Ending	
Employer Name	<b>Dates of Employment</b>	Position and Duties
	From	
Employer Address	To	Reason(s) for Leaving
	<b>Salary</b>	
Supervisor's Name	Starting	
Area Code + Phone Number	Ending	
Employer Name	<b>Dates of Employment</b>	Position and Duties
	From	
Employer Address	To	Reason(s) for Leaving
	<b>Salary</b>	
Supervisor's Name	Starting	
Area Code + Phone Number	Ending	
Employer Name	<b>Dates of Employment</b>	Position and Duties
	From	
Employer Address	To	Reason(s) for Leaving
	<b>Salary</b>	
Supervisor's Name	Starting	
Area Code + Phone Number	Ending	
<b>References</b>		
<b>Name</b>		<b>Phone</b>



# PLEASE READ CAREFULLY AND SIGN BELOW

*Your signature indicates your agreement with the statements below.*

**This institution does not discriminate in hiring or any other decision on the basis of race, religion, color, sex, sexual orientation, citizenship, national origin, ancestry, veteran status, or on the basis of age or physical or mental disability unrelated to ability to perform the work required. No question on this application is intended to secure information to be used for such discrimination.**

**A criminal history check may be conducted. A check with the OIG for a list of excluded individuals/entities will be conducted. I am voluntarily giving this institution the right to make a thorough investigation of my past employment, state and federal records and any pertinent activities. I agree to cooperate in such investigation and release from all liability or responsibility all persons, companies or corporations supplying such information.**

**I may be required to take a physical examination or submit to a drug screen. I may also be required to submit to future physical examinations and drug screens as may be required by this institution at such time and places as the institution shall designate. I understand that an offer of employment will be contingent on passing the physical examination and functional testing evaluation.**

**I acknowledge that if hired, I will be an at will employee. I will be subject to dismissal or discipline without notice or cause at the discretion of the employer. I understand that no representative of the company, other than the Chief Executive Officer, has authority to change the terms of an at will employment and that any such change can occur only in a written employment contract.**

**If employed, I will be required to complete an Employment Verification Form (I-9), and show satisfactory evidence of identity and eligibility for employment.**

**I understand that this application will remain active for sixty (60) days. If you are contacted regarding another position and the date of contact is after the 60 days since your application was completed, we will require you to complete a new application at the time of interview.**

**I verify that the statements I have made in this application are true and complete. I understand that if I am hired, any false or incomplete statements in this application will be grounds for immediate discharge.**

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

## FOR OFFICE USE ONLY

\_\_\_\_\_  
Interviewed By

\_\_\_\_\_  
Date of Interview

Comments:  
  
\_\_\_\_\_  
  
\_\_\_\_\_

Hired?  Yes  No

\_\_\_\_\_  
Position

\_\_\_\_\_  
Start Date

\_\_\_\_\_  
Rate of Pay

# CRIMINAL BACKGROUND CHECK ACKNOWLEDGEMENT

I understand that a criminal background check is required by the State of Illinois for anyone who is hired for the position of nursing assistant. I also understand that my employment is conditional on the information contained in this report and that I will be terminated if convictions are identified on my record in any of the following areas: First or second degree murder, voluntary or involuntary manslaughter, reckless homicide, drug inducing homicide, kidnapping and related offenses, assault, battery, aggravated and heinous battery, unlawful restraint or forcible detention, tampering with food, drugs or cosmetics, aggravated battery of a senior citizen or unborn child, endangering the life or health of a child, ritual mutilation, indecent solicitation of a child, sexual exploitation of a child, child pornography, drug induced infliction of bodily harm, criminal sexual assault, abuse and neglect of a long term facility resident, criminal neglect of an elderly or theft, financial exploitation of an elderly or disabled person, retail theft, robbery in motor vehicle or vehicular hijacking, robbery, armed robbery or criminal trespass to property, arson or aggravated arson, forgery, unlawful use of a weapon or aggravated discharge of a weapon, violations of certain sections of the Cannabis Control Act or Controlled Substances Act.

I understand that a copy of this report will be available to me upon request and that I will receive directions for challenging the report if I wish to do so.

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Signature

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Social Security Number

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Date

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# Confidential Reference Check

***I hereby release from all liability the company or person named above and authorize the release all information regarding my performance and employment history.***

Applicant's Signature

Date

The person named above has applied for employment with the above-referenced facility. He/she has authorized the collection of any information concerning past or present employment with your organization.

We are a conscientious provider of long-term healthcare services and it is of the utmost importance to us that we only hire the most professional and qualified applicants. For this reason, we ask that you provide the information below regarding this individual's history with your company.

Thank you,  
 Human Resources

Applicant Name		Social Security Number			
Position Applied For					
Employment Dates		Salary			
From	To	Start		Final	
Position Title					

Please Rate the applicant on the following characteristics: (Excellent, Good, Fair or Poor)

Quality of Work:	Excellent	Good	Fair	Poor	No Answer
Job Knowledge:	Excellent	Good	Fair	Poor	No Answer
Attitude:	Excellent	Good	Fair	Poor	No Answer
Professionalism	Excellent	Good	Fair	Poor	No Answer
Attendance:	Excellent	Good	Fair	Poor	No Answer
Quantity of Work:	Excellent	Good	Fair	Poor	No Answer
Leadership:	Excellent	Good	Fair	Poor	No Answer
Dependability:	Excellent	Good	Fair	Poor	No Answer
Honesty/Integrity:	Excellent	Good	Fair	Poor	No Answer
Work Relationships:	Excellent	Good	Fair	Poor	No Answer
Attention to Safety:	Excellent	Good	Fair	Poor	No Answer

Reason Given for Leaving your Employment	
Eligible for Rehire? <input type="checkbox"/> Yes <input type="checkbox"/> No Reason:	
Name of Individual Supplying Reference	Title