

15 East Hazel Dell Lane  
 Springfield, IL 62712  
 (217) 585-5437  
[www.thehopeinstitute.us](http://www.thehopeinstitute.us)



The Hope Institute is an Equal Opportunity Employer and complies with all federal, state and local laws prohibiting employment discrimination.

*. . . Supports youth and families to reach optimum growth, independence and joy.*

### EMPLOYMENT APPLICATION

We appreciate your interest in employment with our agency. To make the best possible match between your skills and experience and our requirements for current open positions, we need a clear and accurate understanding of your background. Please answer all questions, sign and date the application, and print clearly in ink. Applicants requiring reasonable accommodation to the application and/or interview process should notify a human resources representative.

PERSONAL INFORMATION			
Name: Last First Middle			Social Security Number
			Phone Number (list all numbers where you can be reached)
Address: Street City State Zip			
ARE YOU 21 YEARS OF AGE OR OLDER? Y YES N NO		IF NOT, WHEN DO YOU TURN 21? _____	ARE YOU LEGALLY AUTHORIZED TO WORK IN THE UNITED STATES? (IF HIRED, YOU WILL BE REQUIRED TO VERIFY YOUR IDENTIFICATION AND AUTHORIZATION TO WORK IN THE U.S. IN ACCORDANCE WITH THE IMMIGRATION REFORM CONTROL ACT). Y YES N NO
HAVE YOU EVER BEEN CONVICTED OF A CRIME (FELONY OR MISDEAMOR) OTHER THAN TRAFFIC VIOLATIONS? Y YES N NO		DO YOU HAVE A CURRENT IL DRIVER'S LICENSE? YYES Y NO IF YES, PLEASE INDICATE: DL# _____ EXP DATE: _____ IF YES, HAVE YOU LIVED OUTSIDE OF IL IN THE LAST 3 YEARS? Y YES N NO	

DESIRED EMPLOYMENT AND AVAILABILITY		
POSITION(S) APPLYING FOR: 1. _____ 2. _____	Y FULL-TIME Y PART-TIME Y ON-CALL Y SEASONAL Y OTHER <i>CHECK ALL THAT APPLY</i>	ARE YOU WILLING TO WORK ANY SHIFT? Y YES N NO SHIFT PREFERENCE: Y DAYS Y EVENINGS Y NIGHTS
ARE YOU AVAILABLE TO WORK MANDATORY OVERTIME IF REQUIRED? Y YES Y NO	ARE YOU WILLING TO WORK WEEKENDS? Y YES Y NO	
HOW DID YOU LEARN ABOUT THIS JOB? Y JOB FAIR/CAREER DAY Y JOB HOTLINE Y EMPLOYMENT AGENCY	Y IN-HOUSE POSTING Y RADIO Y WEB-SITE Y EMPLOYEE REFERRAL	Y EMPLOYMENT AD NAME OF EMPLOYEE _____
ARE YOU RELATED TO ANY EMPLOYEES OF THE HOPE SCHOOL? Y YES N NO	IF YES, PROVIDE NAMES AND RELATIONSHIPS:	
HAVE YOU EVER BEEN EMPLOYED BY THE HOPE SCHOOL OR HOPE INSTITUTE? YYES N NO	IF YES, PROVIDE DATES AND TITLES:	
IF PRESENTLY EMPLOYED, WHY DO YOU WISH TO CHANGE JOBS?		
MAY WE CONTACT YOUR CURRENT EMPLOYER? Y YES N NO	IF CURRENTLY UNEMPLOYED GIVE LAST DAY WORKED:	
STATE YOUR MINIMUM SALARY REQUIREMENT OR EXPECTATION:	DATE AVAILABLE TO START WORK:	

**EDUCATION**

CIRCLE HIGHEST GRADE COMPLETED:		HIGH SCHOOL 9 10 11 12	COLLEGE 1 2 3 4	GRADUATE SCHOOL 1 2 3 4
	NAME AND ADDRESS OF SCHOOL:	DID YOU GRADUATE?	TYPE OF DEGREE OBTAINED:	
GED		Y YES N NO		
HIGH SCHOOL		Y YES N NO		
COLLEGE		Y YES N NO		
TECHNICAL		Y YES N NO		
OTHER		Y YES N NO		

**PROFESSIONAL LICENSES AND CERTIFICATIONS**

TYPE:	STATE ISSUED:	DATE ISSUED:	DATE EXPIRED:

HAS YOUR LICENSE AND/OR CERTIFICATION EVER BEEN SUSPENDED, CANCELLED OR REVOKED?  
 Y YES N NO IF YES, EXPLAIN:

**PROFESSIONAL REFERENCES**

Individuals identified as references, such as current or prior supervisors, should be able and willing to describe your past work experiences and accomplishments. Personal friends or relatives should not be included.

NAME:	COMPANY:	TITLE:	PHONE NUMBER:

## EMPLOYMENT HISTORY

List all employment, including military service, beginning with your present or most recent employment. Please provide ALL requested information, even if you submitted a resume.

EMPLOYED BY:	ADDRESS: (street, city, state, zip code)	FROM:	TO:
JOB TITLE:	KIND OF BUSINESS:	STARTING SALARY:	ENDING SALARY:
SUPERVISOR'S NAME:	PHONE NUMBER:	NAME USED IN THIS JOB:	
JOB DUTIES:			
REASON FOR LEAVING:			

EMPLOYED BY:	ADDRESS: (street, city, state, zip code)	FROM:	TO:
JOB TITLE:	KIND OF BUSINESS:	STARTING SALARY:	ENDING SALARY:
SUPERVISOR'S NAME:	PHONE NUMBER:	NAME USED IN THIS JOB:	
JOB DUTIES:			
REASON FOR LEAVING:			

EMPLOYED BY:	ADDRESS: (street, city, state, zipcode)	FROM:	TO:
JOB TITLE:	KIND OF BUSINESS:	STARTING SALARY:	ENDING SALARY:
SUPERVISOR'S NAME:	PHONE NUMBER:	NAME USED IN THIS JOB:	
JOB DUTIES:			
REASON FOR LEAVING:			

EMPLOYED BY:	ADDRESS: (street, city, state, zipcode)	FROM:	TO:
JOB TITLE:	KIND OF BUSINESS:	STARTING SALARY:	ENDING SALARY:
SUPERVISOR'S NAME:	PHONE NUMBER:	NAME USED IN THIS JOB:	
JOB DUTIES:			
REASON FOR LEAVING:			

## UNEMPLOYMENT HISTORY

Explain any gaps in employment greater than three months.

--

## CRIMINAL BACKGROUND INQUIRY

A State Police Criminal History Records Inquiry will be performed as required by the Illinois State Board of Education and the Department of Children and Family Services. An affirmative answer will not automatically disqualify you from being considered as a candidate for employment, but **MUST** be revealed by you, the applicant, in writing on the Employment Application. Failure to do so will prevent your employment or cause your dismissal.

**Have you ever plead guilty or been convicted of a crime?** Y YES N NO

If yes, explain. Date: \_\_\_\_\_ Place (county/state): \_\_\_\_\_  
Nature of crime: \_\_\_\_\_ Number of crimes: \_\_\_\_\_  
Nature of offense: \_\_\_\_\_  
Your name at the time of the conviction: \_\_\_\_\_ Your age at conviction: \_\_\_\_\_  
Length of time elapsed since last conviction: \_\_\_\_\_  
Relationship of crime and the capacity to care for children: \_\_\_\_\_  
Evidence of rehabilitation: \_\_\_\_\_  
\_\_\_\_\_

**Do you have criminal charges pending against you?** Y YES N NO

If yes, explain. Date: \_\_\_\_\_ Place (county/state): \_\_\_\_\_  
Nature of crime: \_\_\_\_\_  
Scheduled court date: \_\_\_\_\_

**Have you ever been investigated by the Department of Children and Family Services (DCFS) for child mistreatment, abuse or neglect?**

Y YES N NO If yes, explain: \_\_\_\_\_  
\_\_\_\_\_

**Have you ever been investigated by any government body for the mistreatment, abuse or neglect of a client/resident of any facility?**

Y YES N NO If yes, explain: \_\_\_\_\_  
\_\_\_\_\_

**NOTE: A DCFS BACKGROUND INQUIRY, INCLUDING CRIMINAL HISTORY, WILL BE PERFORMED.**

## APPLICANT'S STATEMENT

The answers on this application form are true and complete to the best of my knowledge. The Hope Institute may investigate all statements contained in this application, and I understand that any false, misleading or omitted information may result in my immediate discharge if I am hired.

I understand that this application is not a contract of employment, and if hired, regardless of any oral representations to the contrary, the employment relationship between The Hope Institute and myself is terminable-at-will unless governed by union contract. Both The Hope Institute and I remain free to choose to end our work relationship at any time.

I also understand that any offer of employment is conditional upon a successful drug and alcohol test and health evaluation by a physician selected by The Hope Institute and I consent to any medical examination required by the agency at any time to determine my ability to perform the duties of my job if hired. I authorize The Hope Institute to make a thorough investigation of my past criminal background, employment, education and job-related activities and I release from all liability all persons, companies, and corporations supplying such information. I also indemnify The Hope Institute against all liability, which might result from making such investigation.

Additionally, I authorize The Hope Institute, in its sole discretion, to supply my employment record, in whole or in part, to any prospective employer, government agency, or other party with an interest The Hope Institute deems appropriate. I also authorize any college or school registrar or placement office to release an official copy of my transcripts.

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

\_\_\_\_\_  
Date