



Heartland Human Services
PO Box 1047
Effingham, IL 62401
Phone (217) 347-7179 Fax (217) 342-6971
www.heartlandhs.org

How did you hear of this position?

- Walk-in HHS Website Job Service Friend/Family Employee _____
 Newspaper Other _____

Position(s) applying for

Applicant Information

Name: _____	Home Phone: _____
Address: _____	Message Phone: _____
City/State: _____ Zip: _____	Work Phone: _____

Education/Training

	Name/Location	Field of Study	Years Completed					Diploma/Degree and Date Received (Degree only)
			9	10	11	12	GED	
High School								
College/University								
Business/Technical								
Vocational								

Working Considerations

1. Are you authorized to work in the U.S. on an unrestricted basis? Yes () No ()
 (If hired, you will be required to provide proof of authorization to work in the U.S.)
2. Some positions require you to be at least 21 years of age. Are you at least 21 years of age? Yes () No ()
3. Are you willing to work overtime if required by the position? Yes () No ()
4. Are you will to travel if the job requires is? Yes () No ()
5. Current employment status: Employed () Unemployed () Self-Employed () Attending school ()
6. Available to work: Full Time () Part Time () Temporary () 7. Date available for work: _____

Employer Name	Job Title	Dates Employed
Address City, State	Phone Number	Beginning Wage:
Supervisors Name, Title and Phone Number:	Did you have supervisory Duties:	Ending Wage:
Summarize Duties:		Reason for leaving

Employer Name	Job Title	Dates Employed
Address City, State	Phone Number	Beginning Wage:
Supervisors Name, Title and Phone Number:	Did you have supervisory Duties:	Ending Wage:
Summarize Duties:		Reason for leaving

Employer Name	Job Title	Dates Employed
Address City, State	Phone Number	Beginning Wage:
Supervisors Name, Title and Phone Number:	Did you have supervisory Duties:	Ending Wage:
Summarize Duties:		Reason for leaving

Employer Name	Job Title	Dates Employed
Address City, State	Phone Number	Beginning Wage:
Supervisors Name, Title and Phone Number:	Did you have supervisory Duties:	Ending Wage:
Summarize Duties:		Reason for leaving

Employer Name	Job Title	Dates Employed
Address City, State	Phone Number	Beginning Wage:
Supervisors Name, Title and Phone Number:	Did you have supervisory Duties:	Ending Wage:
Summarize Duties:		Reason for leaving

Employer Name	Job Title	Dates Employed
Address City, State	Phone Number	Beginning Wage:
Supervisors Name, Title and Phone Number:	Did you have supervisory Duties:	Ending Wage:
Summarize Duties:		Reason for leaving

License/Certifications

List professional licenses, certifications and/or registrations that would be pertinent to the job in which you are applying. Please include, if applicable, expiration dates.

Additional Qualifications

1. In addition to your work history, what other experience, skills or qualifications do you have which especially prepare you for the position which you are applying? (You may omit any information that discloses your sex, race, national origin, age or disability).

2. List any professional, trade, or business activities and offices held pertinent to the job in which you are applying:

Personal Data

1. Have you ever been convicted of a felony, misdemeanor or other offense other than a minor traffic violation? Yes ___ No ___ If yes, please explain: _____

**The applicant is not required to reveal sealed or expunged records of conviction or arrest, or juvenile arrest records. As a condition of employment, all applicants must pass a criminal background check meeting the requirements of the Illinois Healthcare Worker Background Check Act (225 ILCS 46) and agency policy.

2. Do you have a valid Illinois Driver's License? Yes ___ No ___ Driver's license #: _____

3. Have you previously been employed with HHS? Yes ___ No ___
If so, when and with which department? _____

4. Have you ever been fired or asked to resign from a job? Yes ___ No ___

References

List three references (other than relatives) and one past supervisor.

	Name	Relationship	Years Known	Phone Number
Reference	_____	_____	_____	_____
Reference	_____	_____	_____	_____
Reference	_____	_____	_____	_____
Past Supervisor	_____	_____	_____	_____

Please read the following carefully and initial each paragraph.

_____ I hereby authorize Heartland Human Services (HHS) to thoroughly investigate my references, work records, education, criminal record and other matters related to my suitability for employment and, further, authorize my current and former employers to disclose to HHS any and all letters, reports, and other information pertaining to my employment with them, without giving me prior notice of such disclosure. In addition, I hereby release HHS, my current and former employers, and all other persons, corporations, partnerships, and association from any and all claims, demands, and liabilities arising out of or in any way related to such investigation or disclosure.

_____ I understand that nothing contained in the application or conveyed to me during any interview that may be granted is intended to create an employment contract, implied or explicit, between me and HHS. I understand that the offer of employment can only be made by the Executive Director or her/his designee. In addition, I understand and agree that if I am employed; my employment relationship with HHS is strictly voluntary and at our mutual will. I understand that if employed, my employment is for no definite period and may be terminated at anytime, with or without prior notice, with or without cause or reason, at the option of either myself or HHS and that no promises or representations contrary to the foregoing are binding on HHS unless made in writing and signed jointly by HHS's Executive Director and myself.

_____ I understand and agree that any future changes in my title, duties, compensation, working conditions, and/or HHS benefits, policies and procedures will not alter our at-will agreement.

_____ I understand that if offered employment, I will, as a condition of employment, be required to submit proof of my identity and legal right to work in the United States on my first day of employment.

_____ I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application, I understand that any omission or misstatement on this application or on any documents used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery. Non-disclosure of criminal record could result in possible termination.

_____ I understand that as a condition of employment I am required to undergo and successfully pass a screening for drugs. I hereby consent to having the results of any such drug screening that I may be required to undergo released to Heartland Human Services.

My signature below certifies that I have read and understand this complete page and agree to the terms and conditions outlined in this document.

Printed Name

Applicant Signature

Date

Heartland Human Services
Affirmative Action Information Form

Heartland Human Services is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, the employer invites applicants and employees to voluntarily self-identify their race or ethnicity. **Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment.** The information obtained will be kept confidential and kept separate from your application. This information will only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual.

GENDER

- Male
- Female

RACE / ETHNIC GROUP

- Hispanic or Latino** - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.
- White (Not Hispanic or Latino)** - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- Black or African American (Not Hispanic or Latino)** - A person having origins in any of the black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)** - A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- Asian (Not Hispanic or Latino)** - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- American Indian (Not Hispanic or Latino)** - A person having origins in any of the original peoples of North America and South America (including Central America), and who maintain tribal affiliation or community attachment.
- Alaska Native (Not Hispanic or Latino)** - A person having origins in any of the original peoples of Alaska, and who maintain cultural identification through tribal affiliation or community recognition.
- Two or more races (Not Hispanic or Latino)** - A person who identifies with more than one of the above seven races. You are encouraged to specify the approximate percentage, for example, 50% Alaska Native and 50% White.

Name: _____

Date of Application: _____ Position(s) Applied for: _____