



# Apostolic Christian Home

OF EUREKA

Your Care is Our Calling

## APPLICATION FOR EMPLOYMENT

610 W. Cruger Ave., P.O. Box 128 – Eureka, IL 61530 Phone: 309-467-2311

All information will be treated confidentially. Please answer all questions as completely as possible. The use of this form does not necessarily indicate that positions are open, nor does it constitute an offer of employment or a contract of employment. **Please complete the entire application by typing or printing in ink.**

|                         |       |                                   |                     |
|-------------------------|-------|-----------------------------------|---------------------|
| Last Name               | First | Middle                            | Social Security No. |
| Street Address          | City  | State                             | Zip Code            |
| Email Address           |       | Telephone<br>( )                  |                     |
| Position Desired        |       | Shift Applied For                 |                     |
| Date Available To Start |       | Hours and Days Available for Work |                     |

**Circle One**

Employees under the age of 16 are covered by special regulations under the Child Labor Law. Are you at least 16 years of age? Yes    No

If no, what is your date of birth: \_\_\_\_\_

Are you prevented from lawfully becoming employed in this country because of visa or immigration status? Yes    No

How did you learn about this position?

**Education and Training – Types:**  
**(HS)** High School      **(CO)** College      **(PG)** Post Graduate      **(VO)** Vocational Training

| Type | Name of Institution | Degree | Dates Attended | Specialty or Major |
|------|---------------------|--------|----------------|--------------------|
|      |                     |        |                |                    |
|      |                     |        |                |                    |
|      |                     |        |                |                    |
|      |                     |        |                |                    |

**An Equal Opportunity Employer**

**Work Experience**

Beginning with your present or most recent job, list your last three employers. You may also include volunteer experience relevant to the position for which you are applying. These employers may be contacted for reference purposes.

|  |                         |   |
|--|-------------------------|---|
| <b>(1.) Name of Company</b>                    | <b>Complete Address</b> | <b>Telephone No.</b><br>(    )                                  |
| <b>Position You Held</b>                       |                         | <b>Supervisor's Name</b>  |
| <b>Date of Employment:</b> From _____ To _____ |                         |   |
| <b>Reason for Leaving</b>                      |                         | <b>If Still Employed, May We Contact?</b><br>Yes _____ No _____ |
| <b>(2.) Name of Company</b>                    | <b>Complete Address</b> | <b>Telephone No.</b><br>(    )                                  |
| <b>Position You Held</b>                       |                         | <b>Supervisor's Name</b>  |
| <b>Date of Employment:</b> From _____ To _____ |                         |   |
| <b>Reason for Leaving</b>                      |                         | <b>If Still Employed, May We Contact?</b><br>Yes _____ No _____ |
| <b>(3.) Name of Company</b>                    | <b>Complete Address</b> | <b>Telephone No.</b><br>(    )                                  |
| <b>Position You Held</b>                       |                         | <b>Supervisor's Name</b>  |
| <b>Date of Employment:</b> From _____ To _____ |                         |   |
| <b>Reason for Leaving</b>                      |                         | <b>If Still Employed, May We Contact?</b><br>Yes _____ No _____ |

List two persons who know your qualifications and/or background experience. **Do not list relatives or supervisors mentioned above.** These references may be checked.

|                                 |              |             |                               |
|---------------------------------|--------------|-------------|-------------------------------|
| <b>(1.) Last Name</b>           | <b>First</b> | <b>M.I.</b> | <b>Occupation</b>             |
| <b>Business or Home Address</b> |              |             | <b>Telephone No</b><br>(    ) |
| <b>(2.) Last Name</b>           | <b>First</b> | <b>M.I.</b> | <b>Occupation</b>             |
| <b>Business or Home Address</b> |              |             | <b>Telephone No</b><br>(    ) |

I authorize investigation and verification of all statements contained in this application for employment. It is understood that any misrepresentation or omission of facts, regardless of date of discovery, may be considered cause for termination or the withdrawal of an offer of employment. I further understand that as a part of the employment process, I will be subject to drug testing and to a State of Illinois Criminal Background Check.

I certify that the information given herein is true and correct to the best of my knowledge and belief. I also certify that I have reviewed the provisions contained in this application for employment.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_