



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.

Last Name	First	Middle	Social Security No.
Street Address	City	State	Zip Code
Email Address		Telephone	
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.

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

(1.) Last Name	First	M.I.	Occupation
Business or Home Address			Telephone No
(2.) Last Name	First	M.I.	Occupation
Business or Home Address			Telephone No

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: _____