



# Apostolic Christian LifePoints

2125 Veterans Road | Morton, IL 61550 | aclifepoints.org

## APPLICATION FOR EMPLOYMENT

Equal Opportunity Employer

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

### INTRODUCTION TO APPLICATION

This agency complies with the Americans with Disabilities Act. If you feel you meet the definition of disability according to the act, you are entitled to assistance in completing this application. You do not need to identify yourself as disabled, but you may request that we provide you with assistance to complete the application. You will not be discriminated against in employment. If you meet the definition according to the Act and are able to perform the essential job functions with reasonable accommodations we are required to make reasonable accommodations or allow you to make them.

### PERSONAL INFORMATION

Name: \_\_\_\_\_ Cell Phone #: ( ) \_\_\_\_\_ - \_\_\_\_\_  
Last First Middle

Email Address: \_\_\_\_\_ @ \_\_\_\_\_ Home Phone #: ( ) \_\_\_\_\_ - \_\_\_\_\_

Present Address: \_\_\_\_\_  
Street Address City State Zip

Permanent Address: \_\_\_\_\_  
Street Address City State Zip

Have you lived at above address for at least two years? \_\_\_\_\_ If not, please list all addresses for the past two years:

\_\_\_\_\_  
\_\_\_\_\_

### ADDITIONAL INFORMATION

Are you legally eligible to work in the United States?  Yes  No

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Drivers License Number: \_\_\_\_\_

Date of birth: \_\_\_\_\_ (optional if you are between 40 and 70 years old) The Age Discrimination in Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 but less than 70 years of age.

### EMPLOYMENT DESIRED

Position: \_\_\_\_\_ What shifts are you available? \_\_\_\_\_

Date you can start: \_\_\_\_\_  Full-Time  Part-Time Salary Desired: \_\_\_\_\_

Have you ever applied to this agency before? \_\_\_\_\_ If so, when? \_\_\_\_\_

Are you employed now? \_\_\_\_\_ May we inquire of your present employer? \_\_\_\_\_

**EDUCATIONAL BACKGROUND**

Education	Name and Location of School	# Years Attended	Did you Graduate?	Subjects Studied
Elementary School				
High School				
College				
Trade, Business or Correspondence School				

**WORK HISTORY**

Starting with the most current, list your four most recent employers.

Month/Date/Year	Name and Address of Employer	Salary	Position	Reason for Leaving
From To				
From To				
From To				
From To				

**REFERENCES**

FAMILIAL: Give the name of a family member whom we may contact for a reference.

Name	Relationship	Address	Home Phone	Cell Phone

OTHER: Give the names of three persons not related to you, whom you have known at least one year.

Name	Address	Phone #	Business	Years Known
1.				
2.				
3.				

How were you made aware of this position? \_\_\_\_\_

**EMERGENCY CONTACT**

\_\_\_\_\_ Name \_\_\_\_\_ Address \_\_\_\_\_ Phone Number

## GENERAL

Subjects of special study or research work: \_\_\_\_\_

Activities or hobbies other than religious, related to position for which you are applying: \_\_\_\_\_

U.S. Military or  
Naval Service: \_\_\_\_\_ Rank: \_\_\_\_\_ Present Membership in National Guard or Reserves: \_\_\_\_\_

This agency does not discriminate in employment based on race, color, creed, religion, sex or national origin.

## CONVICTION INFORMATION

If you are selected for an interview, you will be asked the following questions as part of the background check screening (do not answer at this time):

Have you ever been convicted of a crime, excluding misdemeanors and summary offenses?

Have you ever been convicted of any crime, misdemeanor or felony, involving assault or abuse of another person or theft of any kind?

Due to state regulations, certain types of offenses disqualify an applicant from being eligible to work in a health care setting. A record of a non-disqualifying conviction will not be an absolute bar to employment.

## STATEMENT OF AUTHENTICITY

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you. I understand that any offer of employment is conditional upon these investigations and verification of accuracy.

I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without any prior notice."

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