



# Employment Application

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital status, veteran status, sexual orientation or any other legally protected status.

## Applicant Information

Position Applied For: \_\_\_\_\_ Date: \_\_\_\_\_

Full Name: \_\_\_\_\_  
Last First M.I.

Address: \_\_\_\_\_  
Street Address Apartment/Unit #

City State ZIP Code

Phone: ( ) E-mail Address: \_\_\_\_\_

Date Available: \_\_\_\_\_ Social Security #: \_\_\_\_\_ Desired Salary: \$ \_\_\_\_\_

Are you authorized to work in the United States? YES NO

Have you worked for Sinnissippi previously? YES NO If so, when and in what position? \_\_\_\_\_

Have you filed an employment application with Sinnissippi before? YES NO If so, when and for what position? \_\_\_\_\_

Have you ever been convicted of a felony? YES NO (Due to state and federal requirements, certain convictions may restrict the positions for which a candidate may be considered.)  
  (You are not required to disclose sealed or expunged records of conviction/arrest of criminal offenses.)  
If yes, explain: \_\_\_\_\_

Are you currently employed? YES NO

Are you under 18? YES NO Are you under 21? YES NO

Please indicate your availability: Full Time Part Time Shift Work Temporary Overtime Weekends Travel

If you are available for shift work, please indicate your scheduling preference: 1<sup>st</sup> shift (days) 2<sup>nd</sup> shift (usually 4 pm-12 am) 3<sup>rd</sup> shift (usually 12 am-8 am) Weekends

Please list any friends or relatives working for us. \_\_\_\_\_  
(This information will be used only to determine whether the friend/relative would be in a supervisee/supervisor capacity to the position for which you have applied.)

How did you learn about Sinnissippi or this position? Friend Walk-in Advertisement (where?) \_\_\_\_\_  
   Community Contact Relative Other (Please specify) \_\_\_\_\_

### Education

High School: \_\_\_\_\_ Address: \_\_\_\_\_

Number of years completed. \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

College: \_\_\_\_\_ Address: \_\_\_\_\_

Number of years completed. \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

Other: \_\_\_\_\_ Address: \_\_\_\_\_

Number of years completed. \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

Other: \_\_\_\_\_ Address: \_\_\_\_\_

Number of years completed. \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

### Licensure/Certification/Volunteer Activity/Community Service

Please indicate any licensure or certifications that you possess. Indicate volunteer activities or community service.

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### Military Service

Branch: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Rank at Discharge: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

If other than honorable, explain: \_\_\_\_\_

### References

*Please list three professional or business-related references (not relatives or friends).*

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Email: \_\_\_\_\_ Best time to call: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Email: \_\_\_\_\_ Best time to call: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Email: \_\_\_\_\_ Best time to call: \_\_\_\_\_

**Current and/or Previous Employment (start with most recent employment)**

Company: \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Email contact: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your supervisor for a reference? YES  NO

Company: \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Email contact: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your supervisor for a reference? YES  NO

Company: \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Email contact: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your supervisor for a reference? YES  NO

Company: \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Email contact: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your supervisor for a reference? YES  NO

To qualify as a Mental Health Professional (MHP) as defined by the State of Illinois, applicants must have a Bachelor's Degree or five (5) years of human service experience. If you have not attained your Bachelor's Degree and have additional human service/helping profession experience that is **not** listed above, please briefly list this experience below:

Employer	Title	Years of Service
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**Disclaimer and Signature—Please read this section carefully before signing!**

*I 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 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 of material fact on this application or on any document 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.*

*I agree that any claim or lawsuit relating to my service with Sinnissippi Centers or any of its affiliate corporations must be filed no more than six (6) months after the date of the employment action that is the subject of the claim or lawsuit. I waive any statute of limitations to the contrary.*

*I hereby authorize SCI to thoroughly investigate my references, work record, education and other matters related to my suitability for employment. I hereby release SCI, my former employers and all other persons from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.*

*I understand that nothing contained in the application or conveyed during any interview which may be granted is intended to create an employment contract between me and SCI. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without notice, at the option of either myself or SCI.*

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

**Special Employment Notice to Disabled Veterans, Vietnam Era Veterans and Individuals with Physical or Mental Disabilities:**

Government contractors are subject to 38USC 2012 of the Vietnam Era Veteran's Readjustment Act of 1974 which requires that they take affirmative action to employ and advance in employment qualified disabled veterans and veterans of the Vietnam Era, and Section 503 of the Rehabilitation Act of 1973, as amended, which requires government employment of qualified disabled individuals.

If you are a disabled veteran, or have a physical or mental disability, you are invited to volunteer this information. The purpose is to provide information regarding proper placement and appropriate accommodation to enable you to perform the job to the best of your ability in a proper and safe manner. This information will be treated as confidential. Neither *providing* this information nor *failing* to provide this information will jeopardize or adversely affect your consideration for employment.

If you wish to be identified, please sign below.

Disabled Individual

Disabled Veteran

Vietnam Era Veteran

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

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

