



1309 West Hill Street  
 Urbana, IL 61801  
 217.337.2731 – Administration

**Application For Employment**

Please print name and address:

\_\_\_\_\_  
 (Last Name) (First Name) (Initial) Telephone: \_\_\_\_\_

\_\_\_\_\_  
 (Street & Number) (City, State) (Zip) Date of Birth: \_\_\_\_\_

Position applying for: \_\_\_\_\_ By whom were you referred? \_\_\_\_\_

When can you begin work? \_\_\_\_\_ Minimum salary desired: \$ \_\_\_\_\_

Do you drive?  yes  no Do you have a valid Illinois driver's license?  yes  no  
 If you are not a citizen of the United States, do you have a valid work permit?  yes  no  NA  
 Have you ever been convicted of a crime other than a minor traffic violation?  yes  no  
 (If yes, please attach sheet explaining circumstances.)

Name and location of schools attended beginning with high school. Give dates of attendance and degrees received. Include any special training.

School	Location	Dates Attended	Degrees Major

Professional memberships: \_\_\_\_\_

Describe any experiences, skills or talents you have that would be useful. Include volunteer service, foreign language or special licenses.

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

Has this application been discussed with your present employer?  yes  no

Beginning with your present employer and working back, list the jobs you have held with accurate dates. Include periods of unemployment. Please attach a plain sheet if additional space is required. If you worked under a different name, please indicate that name.

Agency or Employer: \_\_\_\_\_

Agency Director: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
 (Street & Number) (City, State) (Zip code)

Employed from \_\_\_\_\_ to \_\_\_\_\_ Position held \_\_\_\_\_ Last Salary: \$ \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

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Agency or Employer: \_\_\_\_\_

Agency Director: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street & Number) (City, State) (Zip code)

Employed from \_\_\_\_\_ to \_\_\_\_\_ Position held \_\_\_\_\_ Last Salary \$ \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

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Reason for leaving: \_\_\_\_\_

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Agency or Employer: \_\_\_\_\_

Agency Director: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street & Number) (City, State) (Zip code)

Employed from \_\_\_\_\_ to \_\_\_\_\_ Position held \_\_\_\_\_ Last Salary \$ \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

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Give names of three individuals not related to you, who have knowledge of your professional qualities and whom we may contact for references.

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Affiliation: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Affiliation: \_\_\_\_\_

3. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Affiliation: \_\_\_\_\_

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- A satisfactory health examination and TB test are required of all new employees. If a position on the Crisis Nursery staff is offered to me, I am willing to comply with these requirements.
- To determine my qualifications for employment, I authorize the Crisis Nursery to send for references and to conduct an investigation of my application. I understand that any false or misleading information furnished by me on this application form in connection with my application for employment may result in rejection of the application, or if employed by the agency, in the termination of employment.
- If employed by the Crisis Nursery, I understand that this employment relationship is not to be construed as a contract. The Crisis Nursery or I may end the employment relationship any time upon giving proper notice.

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