



1309 West Hill Street Urbana, IL 61801
217/ 337-2730 - Crisis Care 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? _____
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.)

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

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: _____

- 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: _____

If Not submitting a Resume please complete:

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

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 _____

Reason for leaving: _____

Agency or Employer: _____

Agency Director: _____ Phone: _____

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

Employed from _____ to _____ Position held _____

Reason for leaving: _____

Agency or Employer: _____

Agency Director: _____ Phone: _____

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

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(Street & Number) (City, State) (Zip code)

Employed from _____ to _____ Position held _____

Reason for leaving: _____
