



An Equal Opportunity Employer and Service Provider

442 W. John Gwynn Jr. Ave.  
 Peoria, IL. 61605-2476  
 P: (309) 674-0105  
 F: (309) 674-7029  
 W: [www.crittentoncenters.org](http://www.crittentoncenters.org)

Application for:  Employment  Volunteer  Internship

Applicant Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ E-mail Address \_\_\_\_\_

What position are you applying for? \_\_\_\_\_

How did you hear about the position? \_\_\_\_\_

What is your expected salary? \_\_\_\_\_ Are you currently employed?  Yes  No

What is your preferred employment status?  Full-Time  Part-Time  On-Call

What is your availability?

Day	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Hours Available							

Have you ever worked for or volunteered at Crittenton Centers in the past?  Yes  No

If yes, when and in what position? \_\_\_\_\_

Have you had relatives who have worked for or volunteered at Crittenton Centers in the past?  Yes  No

If yes, who? \_\_\_\_\_ When were they employed? \_\_\_\_\_

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Application Continued - Applicant Name: \_\_\_\_\_

NOTE: As a DCFS Licensed Facility, Crittenton Centers conducts criminal background investigations for all applicants. A conviction of a misdemeanor or felony will not automatically disqualify a job applicant; however, per the Illinois Administrative Code Part 89, Chapter 4, and DCFS Rule 385, there are criminal convictions that bar employment in a child care facility. To further discuss this matter, please contact the Human Resources Representative, or speak directly with the supervisor during your employment interview.

Additionally, all employees of Crittenton Centers are Mandated Reporters as defined by Section 300, Appendix A of the Licensing Standards. Mandated reporters are required to report incidents of Child Abuse and Neglect to the DCFS Hotline—1-800-ABUSE.

**Employment Experience—(Please begin with most recent employment.)**

<b>Employer</b>	<b>Dates Employed</b>		<b>Responsibilities</b>
	<b>From</b>	<b>To</b>	
<b>Address</b>			
<b>Telephone ( ) -</b>			
<b>Job Title</b>	<b>Rate of Pay</b>		
	<b>Starting</b>	<b>Final</b>	
<b>Supervisor</b>			
<b>Reason for Leaving</b>			
<b>Employer</b>	<b>Dates Employed</b>		
	<b>From</b>	<b>To</b>	
<b>Address</b>			
<b>Telephone ( ) -</b>			
<b>Job Title</b>	<b>Rate of Pay</b>		
	<b>Starting</b>	<b>Final</b>	
<b>Supervisor</b>			
<b>Reason for Leaving</b>			
<b>Employer</b>	<b>Dates Employed</b>		<b>Responsibilities</b>
	<b>From</b>	<b>To</b>	
<b>Address</b>			
<b>Telephone ( ) -</b>			
<b>Job Title</b>	<b>Rate of Pay</b>		
	<b>Starting</b>	<b>Final</b>	
<b>Supervisor</b>			
<b>Reason for Leaving</b>			
<b>Employer</b>	<b>Dates Employed</b>		
	<b>From</b>	<b>To</b>	
<b>Address</b>			
<b>Telephone ( ) -</b>			
<b>Job Title</b>	<b>Rate of Pay</b>		
	<b>Starting</b>	<b>Final</b>	
<b>Supervisor</b>			
<b>Reason for Leaving</b>			

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Application Continued - Applicant Name: \_\_\_\_\_

**Educational Background**

Name & Address of School	Course of Study/ Major	Did you Graduate?	List Degree
High School			
College			
Graduate School			
Other Schools			

Professional Licenses and/or Certificates \_\_\_\_\_

**References**

Please list five individuals who can provide information on your professional training and job skills. Please do not list immediate family members, relatives or friends.

Name	Address	Phone	Relationship to You

List the talents, abilities and experiences you have that would support your success in this position:

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Application Continued - Applicant Name: \_\_\_\_\_

**Driver Information**

Please complete only if you are applying for one of these positions: President, Vice President, Director, Coordinator, Parent Educator, or Buildings and Grounds Associate.

Driver's License Number \_\_\_\_\_ Type of License \_\_\_\_\_ Expiration Date \_\_\_\_\_

Restrictions on Driver's License \_\_\_\_\_

In the last three years, has your Driver's License been revoked or suspended for driving under the influence, manslaughter, or reckless homicide?  Yes  No

In the last five years, have you caused an accident that resulted in death?  Yes  No

In the last ten years, have you at any time:

A. Been convicted of more than two moving violations in a year?  Yes  No

B. Been convicted at any time of driving under the influence of alcohol or drugs, or been the subject of deferred prosecution or probation as a result of having entered a plea of any kind to such charges?  Yes  No

C. Been convicted of reckless driving?  Yes  No

D. Had your license suspended or revoked in any state?  Yes  No

E. Been involved in more than three personal injury accidents?  Yes  No

*Traffic Violation convictions will not automatically disqualify job candidates. The seriousness of the crime and the date of the conviction will be considered in conjunction with DCFS Licensing Standards Part 404 and 407, and DCFS Rule 385.*

**Applicant's Statement**

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of Crittenton Centers, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the President of Crittenton Centers. Both the undersigned and Crittenton Centers may end the employment relationship at any time, with or without notice or reason. If employed, I understand that the agency may change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that falsification, misrepresentation, and/or omission of facts called for is cause for dismissal at any time without any previous notice. I authorize the investigation of all matters contained in this application and hereby give Crittenton Centers permission to contact schools, previous and current employers, references, and others, and hereby release Crittenton Centers from any liability as a result of such contact.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

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### **Applicant Consent for Release of Information**

I hereby authorize any person, educational institution, or company I have listed on my application for employment and/or resume to disclose in good faith any information they may have regarding my qualifications and fitness for employment. I will hold Crittenton Centers, any former employers, educational institutions, and any other person giving references free of liability for the exchange of this information and any other reasonable and necessary information relevant to the employment and/or volunteer process.

Applicant Name \_\_\_\_\_ Date \_\_\_\_\_

Applicant Signature \_\_\_\_\_



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### Applicant Data Record

Applicants are considered for employment, and employees are treated during employment without regard to race, religion, sex, gender identity, national origin, age, marital status, disability, or veteran status.

As an employer, we comply with all applicable government regulations and affirmative action responsibilities.

Solely to help us comply with reporting and other legal requirements, please fill out the Applicant Data Record. We appreciate your cooperation. (Submission of information is voluntary.)

This data is for periodic reporting and will be kept in a Confidential File separate from the Application for Employment.

Date: \_\_\_\_\_ Position(s) Applied For: \_\_\_\_\_

Referral Source (Please check any that apply).

- Job Service    Walk-in    Crittenton Centers' Website    Employment Agency    College/University
- Newspaper (Which one?) \_\_\_\_\_    Current Employee (Name) \_\_\_\_\_

Applicant Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

### Affirmative Action Survey

We are periodically required to report on the sex, ethnicity, handicapped and bilingual – Spanish speaking status of applicants. This data is for analysis and affirmative action only. Submission of information is voluntary.

Check one:    Male    Female    Transgender

Check one:    White    Black    Hispanic    Asian/Pacific Islander    American Indian/Alaskan Native

Check if any of the following are applicable:

- Proficient in speaking and writing both English and Spanish
- Proficient in speaking and writing both English and another language
- Vietnam Veteran    Other Veteran    Disabled/Handicapped

**Route this sheet confidentially to the Human Resource Representative for filing.**

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