

Alan G. Ryle Companies

RESIDENTIAL DEVELOPERS, INC.
DEVELOPMENTAL FOUNDATIONS, INC.
SPECIALIZED DEVELOPMENTS, LTD.

COMMUNITY INTEGRATED LIVING ARRANGEMENTS (CILA)

Champaign, Monticello, Urbana, Decatur, Lincoln, Oblong, Rantoul, Danville, Clinton, Arcola, Charleston

INTERMEDIATE CARE FACILITY FOR PERSONS WITH DEVELOPMENTAL DISABILITIES (ICF/DD)

St. Joseph, Tolono, Monticello, Cissna Park, Trenton, Robinson, Carlyle, Charleston, Arcola, University Park

APPLICATION FOR EMPLOYMENT

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

LAST NAME (please print)	FIRST NAME	MIDDLE	SOCIAL SECURITY #	TODAY'S DATE

SECTION BELOW FOR OFFICE USE ONLY

NURSE AIDE REGISTRY

217-782-3070

The Nurse Aide Registry was contacted on this date: _____

This individual is registered with the Nurse Aide Registry.

1. Certified as an Aide on: _____

2. Background Check on: _____

3. Confirmation Number: _____

No aide exists with this Social Security number.

Verified by: _____

Verifier, please attach Criminal Background report to application.

APPLICANT INFORMATION

Please print clearly and legibly

Position Applied For: _____
 Are you applying for a position at a specific home?
 If so, please state which Home: _____

LAST NAME	FIRST NAME	MIDDLE	PREFERRED NAME	SOCIAL SECURITY NUMBER
MAILING ADDRESS		CITY	STATE	ZIP CODE
				TELEPHONE NUMBER ()

Have you ever applied for employment with this Organization? Yes No
 If yes, what month and year? _____ Location: _____

Have you ever been employed by this Organization? Yes No
 If so, dates of previous employment: _____ Location: _____

Position(s) held: _____

Supervisor(s) name: _____

EMPLOYMENT:

Type of employment desired 1st Shift (days) 2nd Shift (evenings) 3rd Shift (overnight)
(check all that apply)

Full Time (30-40 hours per week)
 Part Time (20-29 hours per week)
 Other (less than 20 hours per week or substitute)

Are you available to work on weekends (Friday night – Sunday night)? Yes No
 Are you available to work on holidays? Yes No
 On what date are you available to begin work? _____
 Please write a phone number of where you can be reached
 and the best time to call: _____

Are you legally eligible for employment in the U.S.? Yes No
(Proof of citizenship or immigration status will be required upon employment.)

Are you at least 18 years of age? Yes No
 Do you have a HS diploma or GED? Yes No
 Are you currently employed? Yes No

Are you currently on lay-off status and subject to recall? Yes No
 Do you have a valid driver's license? Yes No
 Have you ever been discharged from a position for making threats, fighting, or any incidents involving violence? Yes No
 Have you been convicted of a felony, crime or misdemeanor? Yes No
(Applicant is not obligated to disclose sealed or expunged records of conviction or arrest. A "Yes" answer will not automatically disqualify the applicant from employment.)
 If yes, please explain: _____

Employment History

Begin with your most recent or current employment, and continue with all past employment, including military experience (attach additional sheet if necessary). Explain any gaps in employment in comment section below. This section must be completed even if a resume is attached.

Name of Company	Dates Employed		Summarize the nature of the work performed and job responsibilities
Address	From	To	
Job Title	Starting Hourly Rate/Salary		
Immediate Supervisor and Title	\$	Per	
Telephone Number ()	May we contact for reference? Yes No Later		
Reason for Leaving	\$	Per	
		Final Hourly Rate/Salary	

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Telephone Number ()	May we contact for reference? Yes No Later		
Reason for Leaving	\$	Per	
		Final Hourly Rate/Salary	

Comments on work history: (including explanation of any gaps in employment): _____

Educational Background

	Name and Location of School	Course of Study (Major/Minor)	# of Years Completed	Degree or Diploma Received
High School		<i>Not applicable</i>		Yes No
College				Type:
Vocational/Trade School				Type:
Other				Type:
Other				Type:

Skills and Qualifications: If applicable, summarize any special skills or qualifications acquired from employment, education, or other experiences that may qualify you to work with our company.

Special Accomplishments: If applicable, list special accomplishments, publications, and awards. (Do not include any information that would reveal race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status).

Additional Information: List any additional information you would like us to consider.

References

List names and telephones number of three business/work references who are *not* related to you and are *not* previous supervisors. If not applicable, list three school or personal references who are not related to you.

Name and Title	Type of Reference	Telephone	Years Known
		()	
		()	
		()	

Applicant: Please read the following and sign your name to indicate agreement.

1. I hereby certify, under penalty of immediate dismissal if hired, that information in this application for employment, and any related interviews, is true, correct, and complete.
2. I understand that inquiries may be made of former employers or their agents, for references, and of others with whom I am or have been acquainted. I understand that those inquiries include information regarding my character, integrity, and overall working aptitude.
3. If I am accepted for employment with this agency, I agree to read and abide by its personnel policies, and to attend orientation and in-service education programs as required.
4. I understand that any offer of employment is subject to any and all health exams, required at the time, determining that I am physically and mentally able to perform the essential functions of my job assignment.
5. I understand that the acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future.
6. I hereby authorize the release of any information requested on this form.
7. If an offer of employment is made and accepted, I authorize the release of my employment history to the employer for job reference information. It is also my understanding I can rescind this authorization in writing at any time.
8. I understand, if selected for employment, I must supplement the information contained in the application when changes occur.
9. I understand that this application is not an offer of employment and that any potential employment relationship is strictly on an "at-will" basis.

Signature of Applicant _____

Date _____

Reference Check Results (for office use only)
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1. Employee Reference

- Company/Person Contacted:_____
- Dates of Employment:_____
- Title of Position:_____
- Did applicant work well without supervision? Yes No
- Did applicant have frequent absences? Yes No
- Did applicant leave your company on good terms and with notice? Yes No
- Is applicant eligible for rehire? Yes No

2. Employee Reference

- Company/Person Contacted:_____
- Dates of Employment:_____
- Title of Position:_____
- Did applicant work well without supervision? Yes No
- Did applicant have frequent absences? Yes No
- Did applicant leave your company on good terms and with notice? Yes No
- Is applicant eligible for rehire? Yes No

3. Employee Reference

- Company/Person Contacted:_____
- Dates of Employment:_____
- Title of Position:_____
- Did applicant work well without supervision? Yes No
- Did applicant have frequent absences? Yes No
- Did applicant leave your company on good terms and with notice? Yes No
- Is applicant eligible for rehire? Yes No

**AUTHORIZATION FOR RELEASE OF INFORMATION
(EMPLOYMENT PURPOSE)**

