



Today's Date: _____

Application for Employment

• 108 E. Willow Street • Normal, IL 61761 • Phone (309) 452-1170 • Fax (309) 451-7289 • www.TheBabyFold.org
The Baby Fold is an Affirmative Action, Equal Opportunity Employer and Service Provider and Drug-free Workplace.

Application for: Full-time Part-time Volunteer Internship, please indicate semester: _____

Position(s)*: _____

**You must indicate the position(s) you are applying for in order for your application to be processed.*

Name: _____ Phone: _____

Address: _____
(Street) (City) (State) (Zip)

E-mail*: _____ Social Security #: _____

**Please note that email is our primary method for communicating with applicants. Please do not enter an email address if you do not check it regularly.*

EDUCATIONAL BACKGROUND

Name and address of school	Course of study/major	Years completed	Did you graduate?	Degree earned
High School				
College				
Graduate School				
Other Schools				
Name of school, college, or university <i>last</i> attended: _____				

Professional licenses and/or certificates: _____

PLEASE INDICATE THE HOURS YOU ARE AVAILABLE TO WORK:

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Are you at least 21 years of age? Yes No

Are you legally eligible for employment in the United States? Yes No

Has your driver's license been suspended or revoked within the past 3 years? Yes No
Please note: Driver's license suspensions/revocations do not automatically reject an applicant.

Do you have a current Illinois driver's license? Yes No
List other state of license, if applicable: _____

Have you ever been convicted of or plead guilty to a crime other than a minor traffic violation? Yes No
Please note: All individuals offered employment are subject to a fingerprinted background check. Expunged convictions should not be reported.

Have you failed a drug test in the last six months? Yes No
Please note: If yes, you cannot be considered for employment at this time.

Have you ever been employed by The Baby Fold before? Yes No
If yes, when? _____ to _____

EMPLOYMENT HISTORY (Past 10 years, most recent employer first):

Employer	Dates Employed		Job duties:
	From	To	
Telephone (please include area code)			
Address			
Job Title(s)			
Supervisor	May we contact for a reference? Yes No Later		
Reason for Leaving			

Employer	Dates Employed		Job duties:
	From	To	
Telephone (please include area code)			
Address			
Job Title(s)			
Supervisor	May we contact for a reference? Yes No Later		
Reason for Leaving			

Employer	Dates Employed		Job duties:
	From	To	
Telephone (please include area code)			
Address			
Job Title(s)			
Supervisor	May we contact for a reference? Yes No Later		
Reason for Leaving			

Employer	Dates Employed		Job duties:
	From	To	
Telephone (please include area code)			
Address			
Job Title(s)			
Supervisor	May we contact for a reference? Yes No Later		
Reason for Leaving			

ADDITIONAL EXPERIENCE OR OTHER INFORMATION YOU WOULD LIKE US TO CONSIDER:

PROFESSIONAL REFERENCES - Please list five persons, not related to you, who can provide information as to your experience, training, skills, and/or character. (Examples: Employers, supervisors, teachers, mentors, or co-workers.)

1. Name:	Relationship to you:
Phone:	Email:
2. Name:	Relationship to you:
Phone:	Email:
3. Name:	Relationship to you:
Phone:	Email:
4. Name:	Relationship to you:
Phone:	Email:
5. Name:	Relationship to you:
Phone:	Email:

How did you hear about this job opening?

<input type="checkbox"/> Advertisement in: _____	<input type="checkbox"/> The Baby Fold's website	<input type="checkbox"/> Walk in
<input type="checkbox"/> Employee: _____	<input type="checkbox"/> Other website: _____	
<input type="checkbox"/> College/University: _____	<input type="checkbox"/> Other: _____	

Why are you interested in employment at The Baby Fold?

Certification of Information: I hereby certify that the information contained in this application is correct to the best of my knowledge and understand that deliberate falsification of this information may be grounds for dismissal.

Applicant's signature: _____ Date: _____



THE BABY FOLD

• 108 E. Willow Street • Normal, IL 61761 • Phone (309) 452-1170 • Fax (309) 452-0115 • www.TheBabyFold.org •

Authorization for Release of Information

Applicant Name: _____

Social Security #: _____

Position Applied for: _____

I hereby authorize The Baby Fold to obtain and verify verbally or in writing such information about my background and qualifications for employment as The Baby Fold, in its sole discretion, deems relevant to its decision whether to hire me for the position I am applying for, including without limitation professional and personal references, employment verifications, educational verifications, license and credentials verifications, criminal records, motor vehicle records, and Social Security number verifications.

In consideration of The Baby Fold considering my application for employment, I hereby release The Baby Fold and its officers, directors, agents, and employees from any and all claims I may have arising out of the obtaining and verification of such information.

I hereby authorize any and all persons to disclose information to The Baby Fold about my previous employment or suitability for future employment.

In consideration of any person agreeing to provide information to The Baby Fold as authorized by this form, I hereby release any such person and any affiliated officers, directors, agents, and employees from any and all claims I may have arising out of the disclosure of such information.

Applicant's signature: _____

Date: _____

Please list any previous and/or maiden names, if applicable: _____

Applicant Data Record

Date: _____ Position(s) Applied For: _____

The Baby Fold is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, The Baby Fold invites applicants to voluntarily self-identify their race or ethnicity.

Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual.

Sex (check one): _____ Male _____ Female

Are you Hispanic or Latino? _____ Yes _____ No

If not Hispanic or Latino, please indicate your race:

_____ American Indian or Alaska Native _____ Native Hawaiian or other Pacific Islander
_____ Asian _____ White
_____ Black or African American _____ Two or more races, not Hispanic or Latino

Please check which of the following are applicable:

_____ Not bilingual
_____ Proficient in speaking and writing both English and Spanish
_____ Proficient in speaking and writing both English and another language (sign language may be counted as another language)

Veteran Status:

_____ **Special Disabled Veteran** – a veteran who (1) Is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Department of Veterans Affairs for a disability (i) rated at 30 percent or more, or (ii) rated at 10 or 20 percent if it has been determined that the individual has a serious employment disability; or (2) Was discharged or released from active duty because of a service-connected disability.

_____ **Vietnam-Era Veteran** – a veteran who: (1) Served in the military, ground, naval or air service of the United States on active duty for a period of more than 180 days, and was discharged or released therefrom with other than a dishonorable discharge, if any part of such active duty occurred: (i) in the Republic of Vietnam between February 28, 1961, and May 7, 1975; or (ii) between August 5, 1964 and May 7, 1975 in all other cases; or (2) Was discharged or released from active duty for a service connected disability if any part of such active duty was performed: (i) in the Republic of Vietnam between February 28, 1961, and May 7, 1975; or (ii) between August 5, 1964, and May 7, 1975, in all other cases.

_____ **Newly Separated Veteran** – any veteran who served on active duty in the U.S. military, ground, naval or air service during the one-year period beginning on the date of such veteran's discharge or release from active duty.

_____ **Other Protected Veteran** – a veteran who served in the military, ground, naval or air service of the United States on active duty during a war or in a campaign or expedition for which a campaign badge has been authorized. A complete list of campaigns can be viewed at: <http://www.opm.gov/veterans/html/vgmedal2.htm>



Consent for Pre-Employment Drug Test

Applicant Name:

Social Security #:

Position Applied for:

I have applied for employment (permanent, temporary, or contractual), an internship, or volunteer opportunity with The Baby Fold. I understand that The Baby Fold is a drug-free workplace and the use of drugs, alcohol, and other controlled substances in the workplace creates a dangerous environment and is prohibited.

I agree to undergo a pre-employment drug screen within forty-eight (48) hours of notification. I understand that failure to comply will terminate my consideration for employment. I understand that if my pre-employment test results are positive, or if I fail to undergo the pre-employment drug screen within the time allotted, my application will not be considered further.

I hereby give consent to and authorize The Baby Fold and its agents, employees, and/or any physician, laboratory, hospital, or medical professional retained by The Baby Fold to collect an unadulterated urine specimen and to use such specimen to conduct drug screening and provide the results to The Baby Fold. I understand that failure to respond to the Medical Review Officer within forty-eight (48) hours of his/her initial contact will have the same effect as a positive drug screen and consideration for employment will be denied.

I hereby release The Baby Fold and its officers, directors, agents, and employees from any and all claims which I might otherwise have due to such results being made so available. I hereby consent not to file any action at law or in equity against The Baby Fold, the laboratory testing service, their respective officers, agents or employees in connection with the results of such screen being made so available, and I hereby agree to indemnify and hold harmless The Baby Fold, the laboratory testing service, their respective officers, agents, and employees from all damages, expenses, attorney's fees, and costs of court which they or any of them may suffer or incur, jointly or severally, due to the results of such screen being made so available.

Further, I release the laboratory or medical personnel conducting the drug test, The Baby Fold, and The Baby Fold's employees, directors, officers, and successors from any liabilities, claims, and causes of action, known or unknown, contingent or fixed, that may result from this drug test. I agree not to file any lawsuit or other action to assert a claim.

I hereby certify that I have not failed a drug screen or been denied employment due to a failed drug screen within the last six (6) months and agree to the statements above.

Applicant's signature:

Date:

Please list any previous and/or maiden names, if applicable: