



Today's Date: \_\_\_\_\_

### Application for Employment

• 108 E. Willow Street • Normal, IL 61761 • Phone (309) 452-1170 • Fax (309) 452-0115 • [www.TheBabyFold.org](http://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): \_\_\_\_\_

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 *last* 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):

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

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

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

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

**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: _____	

Would you like to be considered for other positions for which you may be qualified?       Yes     No

**Why are you interested in employment at The Baby Fold?**

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**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

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**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:**

\_\_\_\_\_ 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)  
\_\_\_\_\_ Not bilingual

**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>