

Today's Date: _____



Application for Employment

• 108 E. Willow Street • Normal, IL 61761 • Phone (309) 452-1170 • Fax (309) 452-0115 • www.thebabyfold.org •
 The Baby Fold is an Affirmative Action, Equal Opportunity Employer and Service Provider.

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

Position(s): _____

Name: _____ Phone: _____

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

E-mail: _____ Social Security #: _____

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

	<u>Yes</u>	<u>No</u>
Are you at least 21 years of age?	<input type="checkbox"/>	<input type="checkbox"/>
Are you legally eligible for employment in the United States?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a current Illinois driver's license?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been convicted of a crime other than a minor traffic violation?	<input type="checkbox"/>	<input type="checkbox"/>
Has your driver's license been suspended or revoked during the past 3 years? <i>(Convictions or driver's license suspension do not automatically reject an applicant.)</i>	<input type="checkbox"/>	<input type="checkbox"/>

Have you ever been employed by The Baby Fold before? Yes No If so, 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		
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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 character, training, skills, and/or experience.

1. Name: _____ Relationship to you: _____

Phone: _____ Address: _____

2. Name: _____ Relationship to you: _____

Phone: _____ Address: _____

3. Name: _____ Relationship to you: _____

Phone: _____ Address: _____

4. Name: _____ Relationship to you: _____

Phone: _____ Address: _____

5. Name: _____ Relationship to you: _____

Phone: _____ Address: _____

How did you hear about this job opening?

Advertisement in: _____

The Baby Fold's website Walk in

Employee: _____

Other website: _____

College/University: _____

Other: _____

Would you be interested in other positions for which you may be qualified? Yes No

WHY ARE YOU INTERESTED IN EMPLOYMENT AT THE BABY FOLD?

I 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. I give The Baby Fold the right to investigate all references and to secure additional information about me, if job related.

Applicant's Signature: _____ Date: _____



THE BABY FOLD

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Authorization for Release of Information

Applicant Name: _____ Social Security #: _____

Position Applied for: _____

I, the undersigned applicant, 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)

(Print Applicant Name)

List any previous names, if applicable: _____

APPLICANT DATA RECORD

Applicants are considered for employment, and employees are treated during employment without regard to race, religion, sex, 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.)

Date: _____ Position(s) Applied For: _____

Applicant's Name: _____ Telephone: _____
Last First M.I.

Address: _____
Street City State Zip

AFFIRMATIVE ACTION SURVEY

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

Sex (check one): _____ Male _____ Female

Race/Ethnic Designation, as defined by the Equal Employment Opportunity Commission (check one):

_____ White, not of Hispanic origin _____ Black, not of Hispanic origin
_____ Hispanic _____ Asian or Pacific Islander _____ American Indian or Alaskan Native

Please 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 (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>