

353 North 88th Street (REAR), Centreville, IL 62203 ⏺ P: 618.293.0084 ⏺ F: 618.293.0098 ⏺ transitionalcenter.net

**CHILD CARE WORKER (UNION POSITION)**

**I. PERSONAL INFORMATION**

|  |  |
| --- | --- |
| **NAME**  | **DATE** |
| **PLEASE LIST ANY OTHER ALIASES THAT YOU’VE USED** | **DATE OF BIRTH** |
| **CURRENT ADDRESS** | **APT./SUITE** |
| **CITY** | **STATE**  | **ZIP** |
| **PREVIOUS ADDRESS (WITHIN FIVE YEARS)** | **APT./SUITE** |
| **CITY** | **STATE**  | **ZIP** |
| **PRIMARY PHONE**  | **ALTERNATE PHONE** | **EMAIL** |
| **ARE YOU A U.S. CITIZEN?** **🞏 YES 🞏 NO** | **IF NOT U.S. CITIZEN, ARE YOU ABLE TO OBTAIN EMPLOYMENT LEGALLY?****🞏 YES 🞏 NO (PROOF REQUIRED)** | **CITIZENSHIP STATUS**  |

**II. COMPANY EXPERIENCE**

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| --- | --- |
| **HAVE YOU EVER WORKED FOR THIS COMPANY BEFORE?** **🞏 YES 🞏 NO** | **IF YES, PLEASE PROVIDE DATES OF EMPLOYMENT (MONTH/YEAR)****FROM \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TO \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **RATE OF PAY** | **POSITION/TITLE** | **REASON FOR LEAVING** |
| **HOW DID YOU HEAR ABOUT US?** | **BY WHOM?** | **DO YOU KNOW OF ANY EMPLOYEES THAT WORK AT TRANSITIONAL CENTER INC. OR JTC ACADEMY, OUR SISTER COMPANY?****IF YES, WHOM?** |

**III. DRIVER’S INFORMATION**

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| --- | --- |
| **DO YOU *CURRENTLY* HOLD A VALID DRIVER’S LICENSE? IF NO, PLEASE DO NOT CONTINUE FILLING OUT THIS APPLICATION AS A DRIVER’S LICENSE IS REQUIRED AND WILL BE VERIFIED. 🞏 YES 🞏 NO** | **IF YES, PLEASE EXPIRATION DATE (MONTH/YEAR)****FROM \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TO \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **ISSUING STATE** | **SOCIAL SECURITY NUMBER** | **BIRTHDATE** |
| **IN THE LAST 5 YEARS HAVE YOU THROUGH THE UNLAWFUL OPERATION OF A MOTOR VEHICLE CAUSED AN ACCIDENT WHICH RESULTED IN DEATH OF ANY PERSON WITHIN THE PAST 5 YEARS? 🞏 YES 🞏 NO****IF YES, PLEASE EXPLAIN.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

**IV. Licenses or Specialized Training/AVAILABILITY**

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| **AREAS OF LICENSURE IN TEACHING, COUNSELING, SECURITY, PARA, OR ANY OTHER SPECIALIZED TRAINING?****LICENSURE AREA ISSUING STATE DATE ISSUED EXPIRATION DATE****1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****3.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****4.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****OTHER\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****DATE AVAILABLE FOR EMPLOYMENT?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****FULL TIME OR PART TIME?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****WHAT HOURS CAN YOU WORK?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****WHAT HOURS CAN YOU NOT WORK?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****WHAT DAYS CAN YOU WORK?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****WHAT DAYS CAN YOU NOT WORK?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****DO YOU HAVE ANY PRE-SET DAYS, VACATIONS, OR ANY OTHER EVENT THAT YOU NEED TO BE ABSENT FOR DURING YOUR EMPLOYMENT AT TRANSITIONAL CENTER? 🞏 YES 🞏 NO****IF YES, PLEASE EXPLAIN AND LIST DATES/TIMES\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

**V. BACKGROUND INFORMATION**

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| **HAVE YOU EVER BEEN CONVICTED OF, OR ENTERED A GUILTY PLEA TO A FELONY, INCLUDING ONE IN WHICH YOU RECEIVED A SUSPENDED IMPOSITION OF SENTENCE OR A SUSPENDED EXECUTION OF SENTENCE?  YES  NO****IF YES, EXPLAIN:****ARE YOU CURRENTLY UNDER CHARGES FOR A CRIMINAL OFFENSE?  YES  NO****IF YES, EXPLAIN** **HAVE YOU EVER FORFEITED BOND OR COLLATERAL FOR A CRIMINAL OFFENSE?  YES  NO****IF YES, PLEASE EXPLAIN:****WITHIN THE LAST 10 YEARS HAVE YOU BEEN FIRED FROM A JOB FOR ANY REASON?  YES  NO****IF YES, PLEASE EXPLAIN:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****WITHIN THE LAST 10 YEARS HAVE YOU QUIT A JOB KNOWING YOU WOULD BE FIRED?  YES  NO****IF YES, PLEASE EXPLAIN:****HAVE YOU BEEN DISCIPLINED IN ANY JOB OVER THE PAST 10 YEARS?  YES  NO****IF YES, EXPLAIN:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

**VI. EDUCATIONAL BACKGROUND**

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| --- | --- | --- | --- | --- | --- |
| **SCHOOL TYPE** | **SCHOOL NAME AND LOCATION** | **MAJOR** | **DID YOU GRADUATE?** | **GPA****(4.0 SCALE)** | **DEGREE/DATE OF GRADUATION** |
| **HIGH SCHOOL** |  |  | **🞏 YES 🞏 NO** |  | **DEGREE\_\_\_\_\_\_\_\_\_\_\_****DATE OF GRADUATION\_\_\_\_\_\_\_\_** |
| **COLLEGE/UNIVERSITY** |  |  | **🞏 YES 🞏 NO** |  | **DEGREE\_\_\_\_\_\_\_\_\_\_\_****DATE OF GRADUATION\_\_\_\_\_\_\_\_** |
| **COLLEGE/UNIVERSITY** |  |  | **🞏 YES 🞏 NO** |  | **DEGREE\_\_\_\_\_\_\_\_\_\_\_****DATE OF GRADUATION\_\_\_\_\_\_\_\_** |
| **COLLEGE/UNIVERSITY** |  |  | **🞏 YES 🞏 NO** |  | **DEGREE\_\_\_\_\_\_\_\_\_\_\_****DATE OF GRADUATION\_\_\_\_\_\_\_\_** |
| **GRADUATE SCHOOL** |  |  | **🞏 YES 🞏 NO** |  | **DEGREE\_\_\_\_\_\_\_\_\_\_\_****DATE OF GRADUATION\_\_\_\_\_\_\_\_** |

**VII. CHILD/YOUTH CARE EXPERIENCE**

(PRESENT OR MOST RECENT FIRST.)

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| --- | --- |
| **SCHOOL, AGENCY, HOSPITAL OR CLINIC POSITION HELD** | **DATES OF EMPLOYMENT****FROM \_\_\_\_\_\_\_\_\_\_\_\_ TO \_\_\_\_\_\_\_\_\_\_\_\_** |
| **ADDRESS (CITY & STATE)** | **PHONE NUMBER** | **STARTING SALARY** | **ENDING SALARY** |
| **AGE LEVEL** | **FULL TIME OR PART TIME(CIRCLE ONE)** | **SUPERVISOR’S NAME** |
| **PROVIDE A BRIEF SUMMARY OF YOUR JOB DUTIES** |
| **MAY WE CONTACT THIS EMPLOYER?****🞏 YES 🞏 NO** | **REASON FOR LEAVING?**  |
| **WERE YOU ASKED TO LEAVE THIS POSITION OR NON-RENEWED?****🞏 YES 🞏 NO****IF YES, PLEASE EXPLAIN.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **ARE YOU REHIREABLE AT THIS JOB?****🞏 YES 🞏 NO** |

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| --- | --- |
| **SCHOOL, AGENCY, HOSPITAL OR CLINIC POSITION HELD** | **DATES OF EMPLOYMENT****FROM \_\_\_\_\_\_\_\_\_\_\_\_ TO \_\_\_\_\_\_\_\_\_\_\_\_** |
| **ADDRESS (CITY & STATE)** | **PHONE NUMBER** | **STARTING SALARY** | **ENDING SALARY** |
| **AGE LEVEL** | **FULL OR PART TIME(CIRCLE ONE)** | **SUPERVISOR’S NAME** |
| **PROVIDE A BRIEF SUMMARY OF YOUR JOB DUTIES** |
| **MAY WE CONTACT THIS EMPLOYER?****🞏 YES 🞏 NO** | **REASON FOR LEAVING?**  |
| **WERE YOU ASKED TO LEAVE THIS POSITION OR NON-RENEWED?****🞏 YES 🞏 NO****IF YES, PLEASE EXPLAIN.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **ARE YOU REHIREABLE AT THIS JOB?****🞏 YES 🞏 NO** |

|  |  |
| --- | --- |
| **SCHOOL, AGENCY, HOSPITAL OR CLINIC POSITION HELD** | **DATES OF EMPLOYMENT****FROM \_\_\_\_\_\_\_\_\_\_\_\_ TO \_\_\_\_\_\_\_\_\_\_\_\_** |
| **ADDRESS (CITY & STATE)** | **PHONE NUMBER** | **STARTING SALARY** | **ENDING SALARY** |
| **AGE LEVEL** | **FULL OR PART TIME (CIRCLE ONE)** | **SUPERVISOR’S NAME** |
| **PROVIDE A BRIEF SUMMARY OF YOUR JOB DUTIES** |
| **MAY WE CONTACT THIS EMPLOYER?****🞏 YES 🞏 NO** | **REASON FOR LEAVING?**  |
| **WERE YOU ASKED TO LEAVE THIS POSITION OR NON-RENEWED?****🞏 YES 🞏 NO****IF YES, PLEASE EXPLAIN.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **ARE YOU REHIREABLE AT THIS JOB?****🞏 YES 🞏 NO** |

**VIII. OTHER EMPLOYMENT HISTORY**

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| --- | --- |
| **COMPANY NAME**  | **DATES OF EMPLOYMENT****FROM \_\_\_\_\_\_\_\_\_\_\_\_ TO \_\_\_\_\_\_\_\_\_\_\_\_** |
| **ADDRESS (CITY & STATE)** | **PHONE NUMBER** | **STARTING SALARY** | **ENDING SALARY** |
| **TYPE OF BUSINESS** | **POSITION(S) HELD** | **SUPERVISOR’S NAME** |
| **PROVIDE A BRIEF SUMMARY OF YOUR JOB DUTIES** |
| **MAY WE CONTACT THIS EMPLOYER?****🞏 YES 🞏 NO** | **REASON FOR LEAVING** |

|  |  |
| --- | --- |
| **COMPANY NAME**  | **DATES OF EMPLOYMENT (MONTH/YEAR)****FROM \_\_\_\_\_\_\_\_\_\_\_\_ TO \_\_\_\_\_\_\_\_\_\_\_\_** |
| **ADDRESS (CITY & STATE)** | **PHONE NUMBER** | **STARTING SALARY** | **ENDING SALARY** |
| **TYPE OF BUSINESS** | **POSITION(S) HELD** | **SUPERVISOR’S NAME** |
| **PROVIDE A BRIEF SUMMARY OF YOUR JOB DUTIES** |
| **MAY WE CONTACT THIS EMPLOYER?****🞏 YES 🞏 NO** | **REASON FOR LEAVING** |

**IX. WORK/PROFESSIONAL REFERENCES**

**THESE REFERENCES MAY ONLY INCLUDE SUPERVISORS, DIRECTORS, AND MANAGERS WHO HAVE FIRST HAND KNOWLEDGE OF YOUR COMPETENCE AND QUALIFICATIONS AS A CHILD CARE WORKER. IF ANY OF THESE CONTACTS SHOULD NOT BE CONTACTED AT THE PRESENT TIME, PLEASE LIST THE DATES WHEN THE REFERENCE CAN BE CONTACTED ON THE LEFT MARGIN AND HIGHLIGHT.**

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| **NAME** | **RELATIONSHIP** | **YEARS KNOWN** |
| **TITLE/OCCUPATION** | **SCHOOL DISTRICT** | **CONTACT NUMBER AND ADDRESS** |

|  |  |  |
| --- | --- | --- |
| **NAME** | **RELATIONSHIP** | **YEARS KNOWN** |
| **TITLE/OCCUPATION** | **COMPANY** | **CONTACT NUMBER AND ADDRESS** |

|  |  |  |
| --- | --- | --- |
| **NAME** | **RELATIONSHIP** | **YEARS KNOWN** |
| **TITLE/OCCUPATION** | **SCHOOL DISTRICT** | **CONTACT NUMBER AND ADDRESS** |

**X. SKILLS PROFICIENT IN, CHECK BELOW (PROFICIENT MEANS THAT EACH ITEM THAT IS CHECKED YOU CAN DO WITH EASE WITH ZERO SUPPORT).**

**Please indicate any special skills acquired through training and/or experience**

* **Basic knowledge of computers, such as internet searches**
* **Tablets, Ipads and chromebooks**
* **Microsoft Office**
* **Microsoft Word**
* **Microsoft Excel**
* **Microsoft Access**
* **Microsoft Publisher**
* **Microsoft Power Point**
* **General Office Skills**
* **Typing/Keyboarding Indicate speed: \_\_\_\_\_\_wpm**
* **Filing**
* **Telephone Professionalism**
* **General Office Equipment**
* **Fax machine**
* **Copy machine**
* **Scanner**
* **Foreign Languages**

**Please indicate and specify if you are fluent:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**XI. CRISIS INTERVENTION TRAINING? 🞏 YES 🞏 NO**

**IF YES, NAME OF TRAINING.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CERTIFICATION \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**OTHER QUALIFICATIONS THAT WOULD MAKE YOU A STRONG CANDIDATE AS A CHILD CARE WORKER?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PLEASE READ AND INITIAL ALL AREAS**

* **I CERTIFY THAT ALL STATEMENTS MADE BY ME IN THIS APPLICATION ARE TRUE, ACCURATE AND TO THE BEST OF MY KNOWLEDGE AND ARE MADE IN GOOD FAITH.\_\_\_\_\_\_INITIAL**
* **I FURTHER CERTIFY THAT I AM THE AUTHOR OF THIS APPLICATION AND ANY MISREPRESENTATION BY ME WILL RESULT IN (1) REJECTING MY CANDIDACY, (2) WITHDRAWING OF ANY OFFER OF EMPLOYMENT AND (3) TERMINATION OF MY EMPLOYMENT.\_\_\_\_\_INITIAL**
* **I HEREBY AUTHORIZE ALL OF MY PERSONNEL RECORDS TO BE RELEASED FROM ALL PREVIOUS EMPLOYERS AND ALL REFERENCES THAT I LISTED IN THE REFERENCE SECTION OF THIS APPLICATION, TO RESPOND FULLY AND COMPLETELY TO OFFICIALS AT TRANSITIONAL CENTER TO QUESTIONS REGARDING MY EMPLOYMENT, PRIOR WORK HISTORY AND PERFORMANCE. \_\_\_\_INITIAL**
* **I WILL HOLD HARMLESS MY PREVIOUS SUPERVISORS AND REFERENCES LISTED ABOVE IN REFERENCE SECTION OF ANY CLAIMS THAT I MAY HAVE AGAINST THEM WITH REGARDING STATEMENTS MADE TO TRANSITIONAL CENTER.\_\_\_\_\_INITIAL**
* **I AUTHORIZE TRANSITIONAL CENTER TO INVESTIGATE MY BACKGROUND NOW OR IN THE FUTURE TO VERIFY ALL INFORMATION PROVIDED BY APPLICANT AND RELEASE FROM LIABILITY ALL PERSONS THAT PROVIDED INFORMATION REGARDING MY BACKGROUND.\_\_\_\_\_INITIAL**
* **I DO NOT RELEASE TO BE SHARED ANY MEDICAL HISTORY OR RECORDS WHICH WOULD IDENTIFY A DISABILITY, A MEDICAL CONDITION OR MEDICAL HISTORY.\_\_\_\_\_INITIAL**
* **I DO NOT WAIVE ANY RIGHTS UNDER STATE OR FEDERAL LAWS RELATED TO MY RIGHTS TO CHALLENGE ANY INFORMATON THAT WAS DISCLOSED UNLAWFULLY OR INACCURATELY, INCLUDING ANY AND ALL CLAIMS CONCERNING ALLEGATIONS OF PREVIOUS EMPLOYMENT DISCRIMINATION DUE TO AGE, RACE, COLOR, GENDER, SEX, RELIGION, NATIONAL ORIGIN, ANCESTRY OR DISABILITY \_\_\_\_\_INITIAL**
* **Applicants are considered for all positions without regard to race, color, religion, gender, national origin, age, marital or veteran status, or the presence of a non-job-related medical condition or handicap.\_\_\_\_\_INITIAL**
* **TRANSITIONAL CENTER’s non-discrimination policy is based on requirements from Title VI of the Civil Rights Act of 1964, as amended, Section 504 of the Rehabilitation Act, of 1973, as amended, the Age Discrimination Act of 1975, as well as the (775 ILCS 5/) Illinois Human Rights Act as amended.\_\_\_\_\_INITIAL**
* **I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if I am employed, false statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and authorize the references listed to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you.\_\_\_\_\_INITIAL**
* **I ALSO UNDERSTAND THAT I NEED TO DISCLOSE ON THIS APPLICATION IF I KNOW OF ANYONE OR HAVE A RELATIVE EITHER WORKING AT JTC ACADEMY OR TCI. I FURTHER UNDERSTAND THAT FAILURE TO DISCLOSE WILL RESULT IN MY IMMEDIATE TERMINATION\_\_\_\_\_INITIAL**
* **I understand and agree that, if employed by TRANSITIONAL CENTER, my employment is at will and for no specific or definite period and can be terminated at any time with or without notice, with or without cause by either party. In the event that I am employed, I understand that regardless of the job that I am assigned first, I may be required to accept a change of job depending on my demonstrated skills after employment and the needs of TRANSITIONAL CENTER. I understand that I must meet health requirements established by TRANSITIONAL CENTER as a condition of initial and continued employment, which will be determined by a physical examination. I understand, also, that I am required to abide by all rules and regulations of TRANSITIONAL CENTER.\_\_\_\_\_INITIAL**
* **Federal Law requires employers to verify employee identity and work eligibility. If you are offered a position with TRANSITIONAL CENTER, you MUST pass a drug screening test and you MUST furnish SEVERAL documents before beginning work.\_\_\_\_\_INITIAL**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Printed Name**

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**Signature** **Date**