

EUROPEAN SERVICE AT HOME INC.

APPLICATION FOR EMPLOYMENT

(For this type of employment a Criminal Background Check is required as condition of employment)

Position Applied For:	Date:
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How did you hear about us? <input type="checkbox"/> Newspaper <input type="checkbox"/> Employee <input type="checkbox"/> Walk-In <input type="checkbox"/> Other	Name of the Source:
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(Last)	(First)	(Middle)
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(Street)	(City)	(State)	(Zip)
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Home Phone:	Cell:	Other:
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Email:

Are you legally authorized to work in this country?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Are you a preferred caregiver?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Are you at least 18 years of age?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Have you been employed with ESAH before?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If yes, give dates:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If hired, can you provide proof of citizenship or employment authorization?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If no, please explain:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Are you able to meet attendance requirements of the position?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Are you able to attend mandatory Quarterly In-Service training?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Are you going to work temporary?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If yes, give finish date:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Have you ever been convicted of a crime?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If YES, provide date(s) and explain:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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_____ _____

Please indicate the days and times you are available to work:				
<input type="checkbox"/> Days	<input type="checkbox"/> Nights	<input type="checkbox"/> Weekends	<input type="checkbox"/> Weekday Live In	<input type="checkbox"/> Weekend Live In

DAY	from	to	
MONDAY	from	to	
TUESDAY	from	to	
WEDNESDAY	from	to	
THURSDAY	from	to	
FRIDAY	from	to	
SATURDAY	from	to	
SUNDAY	from	to	

Comments (please list any problems, possible changes, etc. that would affect your availability or explain any situation): _____ _____ _____
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Did you have your Background Check done within last year? If YES, please provide the date: _____ Did you have your TB Test done within last year? If YES, please provide the date: _____ Are you able to communicate with English speaking clients? _____ What other languages do you speak? _____
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List your last three (3) employers, assignments or volunteer activities; starting with most recent, including military experience. Explain any gaps in employment in the comment section below.

1) Employer:		Phone:	
Street	City	State	Zip
Address:			
Job Title	Immediate Supervisor and Title		
Reason for Leaving:			
FROM	TO	Summarize the nature of the work performed and job responsibilities	
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later			

2) Employer:		Phone:	
Street	City	State	Zip
Address:			
Job Title	Immediate Supervisor and Title		
Reason for Leaving:			
FROM	TO	Summarize the nature of the work performed and job responsibilities	
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later			

3) Employer:		Phone:	
Street	City	State	Zip
Address:			
Job Title	Immediate Supervisor and Title		
Reason for Leaving:			
FROM	TO	Summarize the nature of the work performed and job responsibilities	
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later			

Comments (include explanation of any gaps in employment):

Summarize special skills and qualifications acquired from employment or other experiences that may qualify you for work at our company:

Do you have a Driver's License? Yes No
Do you have auto insurance? Yes No
Do you have a car? Yes No
If NO, how would you get to work?

How far are you willing to travel to work? Indicate distance: _____ mls

Education Information:

NAME AND LOCATION	YEARS COMPLETED	DEGREE	MAJOR
High School			
College			
Other			

List any certifications you currently possess:

- | | |
|--|---|
| <input type="checkbox"/> Certified Nursing Assistant | <input type="checkbox"/> Certified Medical Technician |
| <input type="checkbox"/> Certified Medicine Aide | <input type="checkbox"/> CPR Certified |
| <input type="checkbox"/> Geriatric Nursing Assistant | <input type="checkbox"/> First Aid Certification |
| <input type="checkbox"/> Certified Home Health Aide | <input type="checkbox"/> Personal Support Worker |

Other: _____

Personal References:

NAME/RELATION	TELEPHONE	YEARS KNOWN

Emergency Contact:

NAME/RELATION	TELEPHONE

The undersigned hereby understands and agrees that any misrepresentation by me in this application will be sufficient cause for cancellation of this application and/or separation from the employer's service if employed.

I give the Employer the right to investigate all references and to secure additional information about me, if job related. I hereby release from liability the Employer and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

The Employer is an Equal Opportunity Employer. The Employer does not discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant's consideration for employment on a base prohibited by local, state or federal law.

I understand that just as I am free to resign at any time, the Employer reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no representative of the Employer has the authority to make assurances to the contrary.

Under penalties as provided by law pursuant to Section 1-109 of the Illinois Code of Civil Procedure (735 ILCS 5/1-109), the Undersigned hereby certifies that the statements set forth herein are true and correct.

Signature of Applicant: _____ Date: _____

Interviewed by: _____ Date: _____

Comments : _____



Health Care Worker Background Check

Authorization and Disclosure for Criminal History Records Information (CHRI) Check

I hereby authorize the Illinois Department of Public Health (the Department), the Department's designee, educational entities that train and/or test health care workers, staffing agencies, my current or potential employer, or a health care facility where I want to volunteer to initiate/request a CHRI check on me. I further authorize the Illinois State Police (ISP) and/or the Federal Bureau of Investigation (FBI) to release information relative to the existence or nonexistence of any criminal record, which it might have concerning me, to any initiator/requestor solely to determine my suitability for training or testing in a health care training program, employment, continued employment, or to work as a volunteer. I further authorize any entity that maintains criminal records relating to me, including but not limited to a local unit of government in any State, to release those records to the ISP, FBI, or the Department. I authorize the Department to provide any health care facility, training program, or staffing agency, to which I have provided this authorization and disclosure form, a copy of my ISP CHRI and a determination of eligibility of the FBI CHRI. I certify that the ISP, FBI, any entity that maintains criminal records, the Department, and any of their employees or officers who furnish this information shall be held harmless from all liability, which may be incurred as a result of releasing such information. I further acknowledge that a educational entity or health care employer shall not be liable for the failure to hire or retain me as an applicant, student, employee, or volunteer if I have been convicted of committing or attempting to commit one or more of the offenses stated in the Health Care Worker Background Check Act (225 ILCS 46/25)

I understand that any false statements or deliberate omissions on this document may be grounds for disqualification from employment, training, or volunteering, if discovered after employment, training, or volunteering begins, and can result in discipline up to and including my termination of employment, being a volunteer, or a student.

I understand that the information requested below regarding gender, race, height, eye color, hair color, weight, place of birth and date of birth is for the sole purpose of identification and the accurate gathering of the criminal history record information, and that it will not be used to discriminate against me in violation of the law. I understand that the provision of my Social Security number is required by law. A facsimile or photographic copy of this authorization will be as valid as the original.

First Name _____ Full Middle Name _____ Last Name _____

Mailing Address _____ City: _____ State: _____ Zip Code _____

Other Names Used _____ Telephone _____ - _____ - _____

States Where You Have Lived? _____ Place of Birth (State or Country if not US): _____ Hair Color _____ Weight _____

Male Female Date of Birth _____ Height _____ Eye Color _____ Social Security Number _____ - _____ - _____

- Race
- A** Chinese, Japanese, Filipino, Korean, Polynesian, Indian, Indonesian, Asian Indian, Samoan, or any other Pacific Islander.
 - B** Black or African American (Not Hispanic or Latino)
 - H** Hispanic or Latino (Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin)
 - I** American Indian, Eskimo, or Alaskan native, or a person having origins in any of the 48 contiguous states of the United States or Alaska who maintains cultural identification through tribal affiliation or community recognition.
 - U** Of undeterminable race. Of Untold mixture.
 - W** Caucasian (not Hispanic or Latino)

Have you ever had an administrative finding of Abuse, Neglect or Theft? Yes No If "Yes," give full details and state. Continue on back if more space is needed.

Have you ever been convicted of a criminal offense other than a minor traffic violation (do not include convictions that have been expunged, sealed or adjudicated delinquent)? Yes No If "Yes," give full details of each offense and the state in which convicted. Continue on back if more space is needed.

I certify that the above is true and correct and give my consent for my name to appear on Department's Health Care Worker Registry with the results of my criminal history records check.

(Signature)

(Date)

As the parent or guardian of the above named individual, who is younger than the age of 17, I give my consent for this named individual to have a criminal history records check.

(Signature of Parent or Guardian when applicable)

(Date)