



Application for Employment

We are happy you have decided to apply with LifeLinks! In Accordance with the Health Care Worker Background Check Act 225ILCS 46 & 77 Ill Adm. Code 955 Section 955.160, certain criminal convictions (without a waiver) could prohibit an offer of employment with LifeLinks. A List of these offenses can be found at <http://www.idph.state.il.us/nar/disconvictions.htm>

Name: _____
Last First Middle

Address: _____
Street City State Zip

Telephone #: (____) _____ Cellular/Other Phone # (____) _____ Email: _____

Position(s) applied for: _____ Date of Application: _____

Referral Source (Please check the appropriate category and list the source.)

Walk-in _____ School _____

Employee _____ Job Fair _____

Advertisement _____ Staffing Agency _____

Company's Website _____ Gov't Employment Agency _____

Other Internet _____ Other _____

If necessary, best time to call you is ... _____ : _____ AM PM

Home Cellular/Other

May we contact you at work? Yes No

If yes, work number and best time to call: _____ AM PM

Have you submitted an application here before? Yes No

If yes, give date(s) and positions(s): _____

Have you ever been employed here before? Yes No If yes, give dates: _____

From: _____ To: _____

Are you legally eligible for employment in this country? Yes No

Date available for work _____

Employment desired: Full-Time Part-Time

Will you travel if job requires it? Yes No

If they have been explained to you, are you able to meet the attendance requirements of the position? N/A Yes No

Will you work overtime if required? Yes No

If No please explain: _____

Are you able to perform the "essential functions" of the job for which you are applying (with or without reasonable accommodation)?

This question is not designed to elicit information about an applicant's disability. Please do not provide information about the existence of a disability, particular accommodation, or whether accommodation is necessary. These issues may be addressed at a later stage to the extent permitted by law.

Yes No

Need more information about the job's "essential functions" to respond

Driver's license number required if driving may be required in the job for which you are applying: _____ State _____

Have you entered into an agreement with any former employer or other party (such as a noncompetition agreement) that might, in any way, restrict your ability to work for our company? Yes No

If yes, please explain: _____

Employment History

Starting with your most recent employer, please give accurate complete full-time and part-time employment record.

Employer	Telephone # ()	Month / Year	to	Month / Year
Street address		City		State
Starting job title/final job title				
Immediate supervisor and title (for most recent position held)	May we contact for reference?		L	
Why did you leave?	Yes	No	Later	
Summarize the type of work performed and job responsibilities				
What did you like most about your position?				
What were the things you liked least about the position?				

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Street address		City		State
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What did you like most about your position?				
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Employment History (continued)

Explain any gaps in your employment, other than those due to personal illness, injury or disability. _____

If not addressed on previous page, have you ever been fired or asked to resign from a job? Yes No

If **yes**, please explain: _____

Skills and Qualifications

Summarize any special training, skills, licenses and/or certificates that may assist you in performing the position for which you are applying: _____

Computer Skills (Check appropriate boxes. Include software titles and years of experience.)

Word Processing _____ Years: _____ Internet _____ Years: _____
Spreadsheet _____ Years: _____ Email _____ Years: _____
Presentation _____ Years: _____ Other _____ Years: _____

Educational Background

School	Name and Location of School	Course of Study	No. of Years Completed	Did you Graduate?	Degree or Diploma
Graduate					
College					
Business/Trade/Technical					
High School					

References

List names and telephone numbers of three business/work references who are **not** related to you and are not previous supervisors. If not applicable, list three school or personal references who are **not** related to you.

Name	Title	Relationship to You	Telephone	Email	# of Years Known
			()		
			()		
			()		

Social Security Number

SS# _____ - _____ - _____

We will use this information only for employment purposes and make reasonable efforts to safeguard your privacy.

Additional Information

Membership in professional and civic organizations, special accomplishments, awards, etc.

Exclude memberships that would reveal race, color, religion, sex, national origin, genetic information, citizenship, age, mental or physical disabilities, veteran/reserve National Guard or any other similarly protected status.

Is there any other job-related information you want us to know about you? _____

Applicant Statement

I certify that all information I have provided in order to apply for and secure work with LifeLinks Mental Health is true, complete and correct.

I expressly authorize, without reservation, LifeLinks Mental Health, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding LifeLinks Mental Health, its agents, employees or representatives, for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that LifeLinks Mental Health does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state or federal law.

I understand that this application remains current for one year. At the conclusion of that time, if I have not heard from LifeLinks Mental Health and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice, and LifeLinks Mental Health reserves the same right to terminate my employment at any time, with or without cause and with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of LifeLinks Mental Health is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by an executive officer of LifeLinks Mental Health.

I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

LifeLinks Mental Health does not tolerate unlawful discrimination in its employment practices. No question on this application is used for the purpose of limiting or excluding an applicant from consideration for employment on the basis of his or her sex, race, color, religion, national origin, genetic information, citizenship, age, disability, or any other protected status under applicable federal, state, or local law. LifeLinks Mental Health likewise does not tolerate harassment based on sex, race, color, religion, national origin, genetic information, citizenship, age, disability, or any other protected status. Examples of prohibited harassment include, but are not limited to, unwelcome physical contact, offensive gestures, unwelcome comments, jokes, epithets, threats, insults, name-calling, negative stereotyping, possession or display of derogatory pictures or other graphic materials, and any other words or conduct that demean, stigmatize, intimidate, or single out a person because of his/her membership in a protected category. Harassment of our employees is strictly prohibited, whether it is committed by a manager, coworker, subordinate, or non-employee (such as a vendor or customer). LifeLinks Mental Health takes all complaints of harassment seriously and all complaints will be investigated promptly and thoroughly.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) eliminate me from further consideration for employment, or (ii) may result in my immediate discharge from LifeLinks Mental Health's service, whenever it is discovered.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant _____ **Date** _____