



APPLICATION FOR EMPLOYMENT

To Applicant: We appreciate your interest in this agency. A clear understanding of your background and employment history will aid in matching your interests and abilities with our needs. Please complete the following form as thoroughly as possible. **Incomplete applications will not be considered.** Please put N/A (Not Applicable) in items rather than leaving them blank. If you have a personal resume or written information you think would be helpful, please attach it to this form. Only applicants who have been scheduled for an interview will be notified of the employment decision. All applicants who have been scheduled for an interview will be considered **active for ninety days**. After each ninety day period, you should call and ask that your date of application be adjusted to the current date.

Social Security Number: _____ Date: _____

Name: _____ Phone Number: _____

Email: _____

Street/Address/Apt.No.: _____

City: _____ State: _____ Zip Code: _____

Education (Name and Location of School Attended)	Graduate? Yes No	(Major/Minor/Honor/Certification)
	Yes No	
	Yes No	
	Yes No	

Is your college transcript available to us? _____

Do you have a valid Driver's License? Yes _____ No _____

Employment: **Begin with most recent.** Please be specific in describing previous job experience with persons who are developmentally disabled.

Name of Company: _____ Employed From: _____ To: _____

Company Address: _____ Company Phone: (____) _____
Street (P.O. Box)

Job Title: _____ Supervisor: _____
City State Zip Code

Major Duties: _____

Reason I Left: _____

Name of Company: _____ Employed From: _____ To: _____

Company Address: _____ Company Phone: (____) _____

Street

(P.O. Box)

City

State

Zip Code

Job Title: _____ Supervisor: _____

Major Duties: _____

Reason I Left: _____

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Reason I Left: _____

Other Pertinent Information: (Military Service, hobbies and interests, additional training and/or experience.) Attach information or write on back if additional space is needed.

How were you referred to marcfirst? _____
If by a current employee, please name: _____

Work Interests I would prefer to work in the following departments at marcfirst (Check all that apply).

(*Requires a valid Driver's License)

<input type="checkbox"/> Residential Homes*	<input type="checkbox"/> Casework/Case Coordinator*
<input type="checkbox"/> Vocational Supports*	<input type="checkbox"/> Secretarial/Word Processing*
<input type="checkbox"/> Respite Care (i.e. temporary caregiver for a child/an adult)*	<input type="checkbox"/> Business Office*
<input type="checkbox"/> Administration*	<input type="checkbox"/> Other _____
<input type="checkbox"/> Substitute in any of the above*	_____

Position(s) Applied for: _____

Availability Please check below those hours and shifts in which you are currently willing to work.

1. Available for: Full Time Part Time Substitute (Called as needed)

2. Available to work: (check all that apply)

Days Evenings Overnight Weekends Rotating Shifts Split Shifts

3. Date available to work _____

4. If a student, your current class schedule _____

5. If a student, when do you plan to graduate? _____

References: **Two employment references and one personal reference** are required before you can be contacted for employment. Please notify your references that they will be contacted and that they should respond promptly. **Two of the references must be from a current or former employer.** References from family members will not be accepted unless they relate to previous employment in a family business.

1. Employer: _____ Occupation: _____

Email (if available): _____

Address: _____ Phone Number: (____) _____

Street P.O. Box
City State Zip Code

2. Employer: _____ Occupation: _____

Email (if available): _____

Address: _____ Phone Number: (____) _____

Street P.O. Box
City State Zip Code

3. Name: _____ How known? _____

Email (if available): _____

Address: _____ Phone Number: (____) _____

Street P.O. Box
City State Zip Code

Other Information

1. Are you aware that many of marcfirst's employment positions require specific abilities such as lifting, quick reflexes and/or responses ____ Yes ____ No

2. Do you have a professional License or certificate: ____ If yes, what license or certificate do you hold? _____

3. Have you ever worked for marcfirst previously? ____ Yes ____ No If yes, what years? _____

4. Have you ever been convicted of driving while under the influence of drugs or alcohol? _____

5. Have you ever been convicted of a crime? (felonies or misdemeanors)? _____

If yes, list offense(s) and date(s) _____

The facts set forth in my application for employment are true and complete. I understand that if employed, false statements may be sufficient cause for my dismissal. You are hereby authorized to make any investigation of my employment record, educational training and references as may be necessary and relevant to the position applied for in this application. I hereby release the agency from any liability arising from disclosure of such information. **marcfirst** is an "at will" employer.

Signature

Date

Marc
EEO/Affirmative Action Employer



1606 Hunt Drive - Normal, Illinois 61761
(309) 451-8888
Fax (309) 451-8989

EMPLOYMENT REFERENCE CHECK

*** FOR APPLICANT COMPLETION ***

Three (3) letters of reference are required before you can be contacted for employment. Please notify your references that they will be contacted and ask that they should respond promptly. **Two** of the references must be a current or former employer. References from family members will not be accepted unless they relate to previous employment in a family business.

DATE _____

REFERENCE NAME _____ BUSINESS NAME _____

STREET _____ PHONE (____) _____

CITY _____ STATE _____ ZIP _____

EMAIL (if available) _____

Check one: _____ employment reference _____ personal reference

Dear _____:

The applicant named below has recently submitted an Application for Employment at marcfirst. Please use the reverse side of this sheet as a verification of service. **YOUR COMMENTS WILL BE KEPT CONFIDENTIAL.**

APPLICANT NAME _____
Last First Middle Initial

APPLICANT SOCIAL SECURITY NUMBER _____
(only required for employment references)

APPLICANT SIGNATURE

AUTHORIZATION

I hereby authorize you to provide any information you may have regarding my performance and character to marcfirst.

SIGNATURE _____

DATE _____

****Return the reference authorization check with your application for marcfirst to send out. Do not ask your references to complete the form at this time - marcfirst will forward on to your references. Thank you for your cooperation.***



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