

# CENTRAL ILLINOIS CARE SERVICES

## APPLICATION for EMPLOYMENT

<b>PERSONAL DATA</b>					
NAME	LAST	FIRST	M	DATE	HOME PHONE
PRESENT ADDRESS (STREET, CITY, STATE, ZIP)				CELL PHONE	
				EMAIL	
MALE / FEMALE			WANT LIVE-IN CARE - YES / NO		Social Security #
VEHICLE (YEAR, MAKE)		DRIVER'S LICENSE - YES / NO			

<b>PLACEMENT INFORMATION</b>						
DATE AVAILABLE			IDEAL NUMBER OF HOURS PER WEEK		Are you available for overnight shifts?	
<b>HOURS AVAILABLE TO WORK</b>						
SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY

<b>EDUCATION</b>				
<b>LIST BUSINESS SCHOOLS, COLLEGES ATTENDED AND ANY RELATED CLASSES</b>				
NAME OF SCHOOL	LOCATION	SUBJECT	DEGREE	YEARS

<b>REFERENCES</b>			
NAME	RELATIONSHIP	TELEPHONE NUMBER	YEARS

<b>EMPLOYMENT HISTORY</b>			
PRESENT/LAST EMPLOYER	TELEPHONE NUMBER (   )	SUPERVISOR'S NAME	
ADDRESS	POSITION TITLE	MAY WE CONTACT?	
		CURRENT OR END SALARY/WAGE	
SUMMARY OF DUTIES	DATES EMPLOYED ____/____/____ TO ____/____/____ MO YR                      MO YR		REASON FOR LEAVING
FIRST PREVIOUS EMPLOYER	TELEPHONE NUMBER (   )	SUPERVISOR'S NAME	
		MAY WE CONTACT?	





# CENTRAL ILLINOIS CARE SERVICES, INC

## EMPLOYEE QUESTIONNAIRE

Name : \_\_\_\_\_ Date : \_\_\_\_\_

In order to match you up with clients that will be a good fit, please answer the questions as best you can.

Ideally, how many hours a week would you like to work? \_\_\_\_\_

What days are you available? \_\_\_\_\_

What hours are you available? \_\_\_\_\_

Are you available on weekends for occasional jobs? \_\_\_\_\_ Overnight shifts? \_\_\_\_\_

Specific area of town you would prefer to work? \_\_\_\_\_

Please rate how you fit with the following services we provide:

(Great! – Good – OK in a pinch – No Never)

Cooking	Cleaning	Bill Paying
Organizing	Driving Distances	Moving
Pet Care	Providing personal care Assist with showering/ dressing/toileting	Just hanging out w/client (providing companionship)

How do you feel about being with a client who smokes? \_\_\_\_\_ Drinks? \_\_\_\_\_

Do you consider yourself:

Outgoing? \_\_\_\_\_ Serious? \_\_\_\_\_ Talkative? \_\_\_\_\_

Quiet? \_\_\_\_\_ Strong (physically)? \_\_\_\_\_ Fun? \_\_\_\_\_

What sports do you enjoy (watching or doing)? \_\_\_\_\_

Do you like museums? \_\_\_\_\_ What are your favorites: \_\_\_\_\_

What games including card games do you know? \_\_\_\_\_

Do you like to sing? \_\_\_\_\_ What pets do you have? \_\_\_\_\_

What countries and states have you traveled to / lived in? \_\_\_\_\_

What languages do you speak? \_\_\_\_\_

What are your hobbies? \_\_\_\_\_

What crafts do you do? \_\_\_\_\_

What else should we know about your interests? \_\_\_\_\_

\_\_\_\_\_





Illinois Department of Public Health  
Health Care Worker Registry, 525 W. Jefferson St., Springfield, IL 62761 Phone: (217) 785-5133

## Health Care Worker Background Check

Disclosure and Authorization for Criminal History Records Check

I hereby authorize the Illinois Department of Public Health (IDPH), IDPH's designee that train or test health care workers, staffing agency, or the health care employer to request a criminal history records check and I further authorize the Illinois State Police (ISP) to release information relative to the existence or non existence of any criminal record which it might have concerning me to the requestor solely to determine my suitability for employment or continued employment. I further authorize any agency which maintains records relating to me to provide same on request to the ISP or IDPH. I certify that the ISP and any agency, including IDPH, their employees or officers who furnish this information shall be held harmless from any and all liability which may be incurred as a result of releasing such information. I further acknowledge that a health care employer shall not be liable for the failure to hire or to retain an applicant or employee who has 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 or, if discovered after employment begins, could result in discipline up to and including my termination of employment.

I understand that the information requested below regarding sex, race, height, eye color, and date of birth is for the sole purpose of identification and the gathering of the above-mentioned information about me accurately, 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 \_\_\_\_\_

Physical Address if different \_\_\_\_\_

Other Names Used: \_\_\_\_\_ Telephone \_\_\_\_\_ - \_\_\_\_\_

States Where You Have Lived? \_\_\_\_\_

☐ 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 IDPH's Health Care Worker Registry as a result of this criminal history records check:

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

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

\_\_\_\_\_  
(Signature of Parent or Guardian when applicable)

\_\_\_\_\_  
(Date)