

Care Solutions of IL, Inc.
 7150 N. University St.
 Peoria, IL 61614

Phone - (309)263-4787
 Fax - (309)263-4797

| |
|---------------------|
| Date of Application |
|---------------------|

Application for Employment

Thank you for your interest in employment opportunities. Please complete all areas of the application. You may include a resume if you wish; however, the full application must still be completed for compliance purposes.

This facility is an Equal Opportunity Employer.

Your application will be given every consideration for the location and position for which you are applying; however, you may be contacted regarding other positions.

If you do not meet the needs of our open positions at this time, your application will be retained in our files and reviewed for future openings for a period of 60 days.

It is not necessary to re-apply during the 60-day period.

PERSONAL INFORMATION

| | | | | |
|---|--|---------------|--|------------------------|
| Last Name | | First Name | | Middle |
| Address (please include street name, street number, city, state, zip) | | | | Social Security Number |
| Daytime Phone | | Evening Phone | | Email Address |

EMPLOYMENT DESIRED

| | | | | |
|--|-------|--------|---------------------------------------|--|
| Position Desired | Shift | Salary | Are you 18 years of age or older? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| First Choice | | | Are you employed now? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Second Choice | | | May we contact your present employer? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Third Choice | | | Date available to begin working | _____ |
| <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Per Diem <input type="checkbox"/> Temporary | | | | |

Education History

| Level | Name of School | City, State | Courses Taken | Diploma/Degree? |
|---------------------|----------------|-------------|---------------|--|
| High School | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| College | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Vocational/Business | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Professional | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Professional Licenses and/or Certifications

| | | | |
|------|------------------------------|-------------|--------|
| Type | Organization or State Issued | Date Issued | Number |
| Type | Organization or State Issued | Date Issued | Number |
| Type | Organization or State Issued | Date Issued | Number |

Has your license/certification ever been suspended or revoked? Yes No/Do you have a license that isn't currently valid? Yes No

If so, explain: _____

EMPLOYMENT HISTORY

| | | |
|--------------------------|----------------------------|-----------------------|
| Employer Name | Dates of Employment | Position and Duties |
| | From | |
| Employer Address | To | Reason(s) for Leaving |
| | Salary | |
| Supervisor's Name | Starting | |
| Area Code + Phone Number | Ending | |
| Employer Name | Dates of Employment | Position and Duties |
| | From | |
| Employer Address | To | Reason(s) for Leaving |
| | Salary | |
| Supervisor's Name | Starting | |
| Area Code + Phone Number | Ending | |
| Employer Name | Dates of Employment | Position and Duties |
| | From | |
| Employer Address | To | Reason(s) for Leaving |
| | Salary | |
| Supervisor's Name | Starting | |
| Area Code + Phone Number | Ending | |
| Employer Name | Dates of Employment | Position and Duties |
| | From | |
| Employer Address | To | Reason(s) for Leaving |
| | Salary | |
| Supervisor's Name | Starting | |
| Area Code + Phone Number | Ending | |
| References | | |
| Name | Phone | |
| | | |
| | | |
| | | |
| | | |

Availability Record

| Day | From | To |
|-----------|------|----|
| Sunday | | |
| Monday | | |
| Tuesday | | |
| Wednesday | | |
| Thursday | | |
| Friday | | |
| Saturday | | |

Are you legally eligible for employment in the United States? Yes No

Have you ever been convicted of a felony or misdemeanor? Yes No
 A conviction is not automatic grounds for rejection. The type, number, recentness and relationship to the job in question will be considered. Applicant should not disclose sealed or expunged records of conviction or arrest.

Have you ever been discharged or asked to resign from employment with any employer? Yes No

Are you available to work -

| | | |
|--|------------------|--|
| | Weekends? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | Holidays? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | Rotating Shifts? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

PLEASE READ CAREFULLY AND SIGN BELOW

Your signature indicates your agreement with the statements below.

This institution does not discriminate in hiring or any other decision on the basis of race, religion, color, sex, sexual orientation, citizenship, national origin, ancestry, veteran status, or on the basis of age or physical or mental disability unrelated to ability to perform the work required. No question on this application is intended to secure information to be used for such discrimination.

A criminal history check may be conducted. A check with the OIG for a list of excluded individuals/entities will be conducted. I am voluntarily giving this institution the right to make a thorough investigation of my past employment, state and federal records and any pertinent activities. I agree to cooperate in such investigation and release from all liability or responsibility all persons, companies or corporations supplying such information.

I may be required to take a physical examination or submit to a drug screen. I may also be required to submit to future physical examinations and drug screens as may be required by this institution at such time and places as the institution shall designate. I understand that an offer of employment will be contingent on passing the physical examination and functional testing evaluation.

I acknowledge that if hired, I will be an at will employee. I will be subject to dismissal or discipline without notice or cause at the discretion of the employer. I understand that no representative of the company, other than the Chief Executive Officer, has authority to change the terms of an at will employment and that any such change can occur only in a written employment contract.

If employed, I will be required to complete an Employment Verification Form (I-9), and show satisfactory evidence of identity and eligibility for employment.

I understand that this application will remain active for sixty (60) days. If you are contacted regarding another position and the date of contact is after the 60 days since your application was completed, we will require you to complete a new application at the time of interview.

I verify that the statements I have made in this application are true and complete. I understand that if I am hired, any false or incomplete statements in this application will be grounds for immediate discharge.

Applicant's Signature

Date

FOR OFFICE USE ONLY

Interviewed By

Date of Interview

Comments:

Hired? Yes No

Position

Start Date

Rate of Pay

CRIMINAL BACKGROUND CHECK ACKNOWLEDGEMENT

I understand that a criminal background check is required by the State of Illinois for anyone who is hired for the position of nursing assistant. I also understand that my employment is conditional on the information contained in this report and that I will be terminated if convictions are identified on my record in any of the following areas: First or second degree murder, voluntary or involuntary manslaughter, reckless homicide, drug inducing homicide, kidnapping and related offenses, assault, battery, aggravated and heinous battery, unlawful restraint or forcible detention, tampering with food, drugs or cosmetics, aggravated battery of a senior citizen or unborn child, endangering the life or health of a child, ritual mutilation, indecent solicitation of a child, sexual exploitation of a child, child pornography, drug induced infliction of bodily harm, criminal sexual assault, abuse and neglect of a long term facility resident, criminal neglect of an elderly or theft, financial exploitation of an elderly or disabled person, retail theft, robbery in motor vehicle or vehicular hijacking, robbery, armed robbery or criminal trespass to property, arson or aggravated arson, forgery, unlawful use of a weapon or aggravated discharge of a weapon, violations of certain sections of the Cannabis Control Act or Controlled Substances Act.

I understand that a copy of this report will be available to me upon request and that I will receive directions for challenging the report if I wish to do so.

Signature

Social Security Number

Date

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Confidential Reference Check

I hereby release from all liability the company or person named above and authorize the release all information regarding my performance and employment history.

Applicant's Signature

Date

The person named above has applied for employment with the above-referenced facility. He/she has authorized the collection of any information concerning past or present employment with your organization.

We are a conscientious provider of long-term healthcare services and it is of the utmost importance to us that we only hire the most professional and qualified applicants. For this reason, we ask that you provide the information below regarding this individual's history with your company.

Thank you,
Human Resources

| | | | | | |
|----------------------|----|------------------------|--|-------|--|
| Applicant Name | | Social Security Number | | | |
| Position Applied For | | | | | |
| Employment Dates | | Salary | | | |
| From | To | Start | | Final | |
| Position Title | | | | | |

Please Rate the applicant on the following characteristics: (Excellent, Good, Fair or Poor)

| | | | | | |
|----------------------|-----------|------|------|------|-----------|
| Quality of Work: | Excellent | Good | Fair | Poor | No Answer |
| Job Knowledge: | Excellent | Good | Fair | Poor | No Answer |
| Attitude: | Excellent | Good | Fair | Poor | No Answer |
| Professionalism | Excellent | Good | Fair | Poor | No Answer |
| Attendance: | Excellent | Good | Fair | Poor | No Answer |
| Quantity of Work: | Excellent | Good | Fair | Poor | No Answer |
| Leadership: | Excellent | Good | Fair | Poor | No Answer |
| Dependability: | Excellent | Good | Fair | Poor | No Answer |
| Honesty/Integrity: | Excellent | Good | Fair | Poor | No Answer |
| Work Relationships: | Excellent | Good | Fair | Poor | No Answer |
| Attention to Safety: | Excellent | Good | Fair | Poor | No Answer |

| | |
|--|-------|
| Reason Given for Leaving your Employment | |
| Eligible for Rehire? <input type="checkbox"/> Yes <input type="checkbox"/> No Reason: | |
| Name of Individual Supplying Reference | Title |