

POST-GRADUATE EDUCATION

College/University

Years of Attendance

Degree

Area of Concentration: _____

If you do not have a Post-Graduate Degree, are you presently enrolled in a Post-Graduate Program? _____ (Yes/No)

College/University: _____

Area of Concentration: _____ Hours Completed: _____

List the College/University activities that you participated in and the honors you received: _____

OTHER TRAINING

Please list other training or workshops completed in the last five (5) years. _____

If you need additional space, please complete your answer on a separate sheet and attach it to this application.

PRIOR EXPERIENCE (Begin with most recent.)

(1) _____
Company/Organization (mm/yy – mm/yy) (Name of Supervisor)

(Street Address) (City) (State) (Zip)
Duties and responsibilities

Reason for Leaving: _____

(2) _____
Company/Organization (mm/yy – mm/yy) (Name of Supervisor)

(Street Address) (City) (State) (Zip)
Duties and responsibilities

Reason for Leaving: _____

(3) _____
Company/Organization (mm/yy – mm/yy) (Name of Supervisor)

(Street Address) (City) (State) (Zip)
Duties and responsibilities

Reason for Leaving: _____

(4) _____

Company/Organization (mm/yy – mm/yy) (Name of Supervisor)

(Street Address) (City) (State) (Zip)

Duties and responsibilities

Reason for Leaving: _____

LICENSURE/CERTIFICATION

Are you certified or licensed in Illinois? _____ (Yes/No) If you are not presently licensed/certified: in Illinois.

(a) How many years have you been certified or licensed in Illinois? _____

(b) List Illinois Licenses/Certificates presently held:

(a) When do you anticipate licensure/certification?

(b) Type of licensure/certification Expected

(c) Will additional course work be required?

EXTRACURRICULAR ACTIVITIES

List the community and service activities that you have been active with in the last five (5) years:

BACKGROUND INFORMATION

FWHS requires a thorough background check and may require finger printing to promote client and employee safety, and to meet a variety of external requirements. A conviction or founded report of abuse/neglect will not automatically disqualify an applicant for consideration unless it is one for which employment is prohibited by State or Federal law or regulation including DUI, but excluding minor traffic violations such as speeding, etc., State whether or not you have been convicted of a crime: Applicants are not obligated to disclose sealed or expunged records of conviction or arrest, including sealed or expunged juvenile conviction or arrest records . _____. **If yes, specify:**

Type of offense	When	County & State
_____	_____	_____
_____	_____	_____
_____	_____	_____

If you have a criminal record (a conviction), please explain: _____

Are you currently under any court supervision? Please explain:

Have you ever had a founded report of abuse/neglect? If yes, specify: _____

REFERENCES

Name _____	Title _____
Address _____	Phone No. _____
_____	Years Acquainted _____
Relationship _____	
Name _____	Title _____
Address _____	Phone No. _____
_____	Years Acquainted _____
Relationship _____	
Name _____	Title _____
Address _____	Phone No. _____
_____	Years Acquainted _____
Relationship _____	

FWHS reserves the right to confer with persons listed by you as a reference, or with any other individuals, with knowledge concerning your total qualifications for the position. FWHS will not inquire into your financial status, religious affiliation, marital status, or on other matters unrelated to your qualifications to fill the position for which you applied. Information received from such inquiries will be used solely for determining your employability with FWHS and for no other purpose. This information will not be shared with anyone other than those FWHS representatives involved in the selection process. Unless you are willing to authorize FWHS to check references, your application will not be considered.

I hereby consent to having FWHS contact anyone that it deems appropriate to investigate or verify any information I have given, or to discuss my background, past performance, or suitability for employment. I further consent to being discussed by any person so contacted and I waive all rights to bring any action for defamation, invasion of privacy, or any similar cause against anyone contacted as a result of what he or she may say about me.

_____	_____
Date	Signature

Because of my existing employment, I request that such contacts and inquiries be delayed until after _____

_____.

_____	_____
Date	Signature

By signing your name below, you certify that all statements made by you on this application are true and complete to the best of your knowledge and that you have withheld nothing that would affect this application unfavorably. By signing your name below, you acknowledge that you understand that misrepresentations, or omissions may be cause for rejection, or may be cause for subsequent dismissal if you are hired.

_____	_____
Date	Signature

FOR OFFICIAL USE ONLY

Office Use Only:	_____ U.S. W-4 Form	_____ IL W-4 Form	_____ I-9 Form
CES Form: 1994/lcj	_____ TB Test Results	_____ DCFS Affidavit	_____ CHBI Release

POSITION(S) APPLIED FOR: