

**HUMAN RESOURCES CENTER OF EDGAR AND CLARK
COUNTIES 753 E. COURT STREET, PARIS, ILLINOIS 61944**

APPLICATION FOR EMPLOYMENT
(PRE-EMPLOYMENT QUESTIONNAIRE)

PERSONAL INFORMATION

DATE _____

NAME _____
LAST FIRST MIDDLE

PRESENT ADDRESS _____
STREET CITY, STATE, ZIP

PERMANENT ADDRESS _____
STREET CITY, STATE, ZIP

PHONE # _____ E-MAIL _____ ARE YOU 18 YEARS OR OLDER? YES NO

ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYEED
IN THIS COUNTRY BECAUSE OF VISA OR IMMIGRATION STATUS? YES NO

POSITION(S) APPLYING FOR _____ REFERRED BY _____

(Failure to be specific will result in failure to become an official applicant for any positions.
Current Postings are available at: <http://www.hrcec.org/index.php/employment-new/job-openings> or via mail by written request)

Have you ever been employed here before? If yes, give dates and position. YES NO

Date available for work ____ / ____ / ____ What is your desired salary range? \$ _____

Type of employment desired Full-Time, Part-Time, Temporary,
 Seasonal, Educational Co-op., and/Or Volunteer

Are you able to meet the attendance requirements of the position? YES NO

Driver's license number if driving is an essential job function _____ State _____

EDUCATION	NAME AND LOCATION OF SCHOOL	# OF YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
GRAMMER SCHOOL				XXXXXXXXXX
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				

GENERAL
SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK _____

SPECIAL SKILLS _____

ACTIVITIES:(CIVIC, ATHLETIC, ETC.) _____
EXCLUDE ORGANIZATIONS, THE NAME OF WHICH INDICATED THE RACE, CREED, SEX, AGE, MARITAL STATUS, COLOR OR NATION OF ORIGIN OF IF MEMBERS.

U.S. MILITARY OR NAVAL SERVICE _____ RANK _____ PRESENT MEMBERSHIP IN NATIONAL GUARD OR RESERVES _____

FORMER EMPLOYERS (LIST BELOW LAST THREE EMPLOYERS, STARTING WITH MOST RECENT.)

DATE MONTH AND YEAR	NAME AND ADDRESS OF EMPLOYER	POSITION	REASON FOR LEAVING
FROM _____ TO _____			
FROM _____ TO _____			
FROM _____ TO _____			
FROM _____ TO _____			

I hereby give my permission to the employers/ prior employers listed above to release information concerning my employment and/or personal characteristics and my ability to perform the job for which I have applied.

DATE _____ SIGNATURE _____ PRINT _____

WHICH OF THESE JOBS DID YOU LIKE BEST? _____

WHAT DID YOU LIKE MOST ABOUT THIS JOB? _____

REFERENCES: GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

NAME	ADDRESS, INCLUDING CITY, STATE	PHONE #	YEARS ACQUAINTED

"I CERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION AND ANY FURTHER DOCUMENTS AND/OR INTERVIEWS USED IN CONSIDERATION OF THE RECRUITMENT PROCESS IS TRUE AND COMPLETE, AND I UNDERSTAND THAT IF ANY FALSE INFORMATION, OMISSIONS, OR MISREPRESENTATIONS ARE DISCOVERED, MY APPLICATION MAY BE REJECTED AND, IF I AM EMPLOYED, MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME.

IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE AGENCY'S RULES AND REGULATIONS AND I UNDERSTAND EMPLOYMENT APPLICATIONS, AND ANY OTHER HRC DOCUMENTS, ARE NOT CONTRACTS OF EMPLOYMENT, AND ANY INDIVIDUAL WHO IS HIRED MAY VOLUNTARILY LEAVE EMPLOYMENT UNDER PROPER NOTICE AND MAY BE TERMINATED BY THE EMPLOYER AT ANY TIME FOR ANY REASON. ANY ORAL OR WRITTEN STATEMENTS TO THE CONTRARY ARE EXPRESSLY DISAVOWED AND ARE NOT TO BE RELIED UPON BY ANY EXISTING OR PROSPECTIVE EMPLOYEES. I UNDERSTAND THAT NO AGENCY REPRESENTATIVE, OTHER THAN ITS EXECUTIVE DIRECTOR, AND THEN ONLY WHEN IN WRITING AND SIGNED BY THE EXECUTIVE DIRECTOR, HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIC PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING."

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.

DATE _____ SIGNATURE _____

**HUMAN RESOURCES CENTER
753 EAST COURT STREET
PARIS, ILLINOIS 61944
REFERENCE REQUEST/PERMISSION FORM (1 of 3)**

I, _____, hereby give my permission to the following person and/or employer to release information concerning my employment and/or personal characteristics and my ability to perform the job for which I have applied.

Reference Name: _____

Address: _____

Phone : _____

Applicant Signature: _____ Date: _____

Reference Check Form

(To be completed by HRC Supervisor if done by telephone)

Your name/Company has been given for a reference check on _____ who has applied for the position of _____. We would appreciate your appraisal of this person. Your reply will be treated confidentially.

1. How long have you known applicant? _____
2. In what capacity have you known the Applicant? _____

Check Appropriate Description	To 10%	Above Average	Average	Below Average	Unknown
1. Ability to perform job applied for					
2. Dependability/work attendance					
3. Self-confidence and maturity					
4. Ability to work with others					
5. Adaptability					
6. Communication Skills					
7. Motivation and enthusiasm					
8. Candidates overall potential					

Other Comments:

Signature: _____ Date: _____

**HUMAN RESOURCES CENTER
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REFERENCE REQUEST/PERMISSION FORM (2 of 3)**

I, _____, hereby give my permission to the following person and/or employer to release information concerning my employment and/or personal characteristics and my ability to perform the job for which I have applied.

Reference Name: _____

Address: _____

Phone : _____

Applicant Signature: _____ Date: _____

Reference Check Form

(To be completed by HRC Supervisor if done by telephone)

Your name/Company has been given for a reference check on _____ who has applied for the position of _____. We would appreciate your appraisal of this person. Your reply will be treated confidentially.

1. How long have you known applicant? _____

2. In what capacity have you known the Applicant? _____

Check Appropriate Description	To 10%	Above Average	Average	Below Average	Unknown
1. Ability to perform job applied for					
2. Dependability/work attendance					
3. Self-confidence and maturity					
4. Ability to work with others					
5. Adaptability					
6. Communication Skills					
7. Motivation and enthusiasm					
8. Candidates overall potential					

Other Comments:

Signature: _____ Date: _____

**HUMAN RESOURCES CENTER
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REFERENCE REQUEST/PERMISSION FORM (3 of 3)**

I, _____, hereby give my permission to the following person and/or employer to release information concerning my employment and/or personal characteristics and my ability to perform the job for which I have applied.

Reference Name: _____

Address: _____

Phone : _____

Applicant Signature: _____ Date: _____

Reference Check Form

(To be completed by HRC Supervisor if done by telephone)

Your name/Company has been given for a reference check on _____ who has applied for the position of _____. We would appreciate your appraisal of this person. Your reply will be treated confidentially.

1. How long have you known applicant? _____

2. In what capacity have you known the Applicant? _____

Check Appropriate Description	To 10%	Above Average	Average	Below Average	Unknown
1. Ability to perform job applied for					
2. Dependability/work attendance					
3. Self-confidence and maturity					
4. Ability to work with others					
5. Adaptability					
6. Communication Skills					
7. Motivation and enthusiasm					
8. Candidates overall potential					

Other Comments:

Signature: _____ Date: _____

Human Resources Center of Edgar and Clark Counties
Applicant Demographic Record

Rev. 03.25.2014

Section I. (To be completed by applicant and/or supervisor)

Name: _____ Date: _____

Job(s) Applied For: _____

Section II. (To be completed by applicant only)

Applicants are considered for positions without regard to gender, race, color, religion, national origin, age, marital status, veteran status, or medical condition or disability. HRC is an affirmative action employer and complies with government regulations and affirmative action responsibilities and principles. Solely to help us comply with government record keeping, reporting, and other legal requirements, please fill out this Applicant Demographic Record. We appreciate your cooperation. This data is for periodic government reporting and will be kept in a confidential file separate from the Employment Application.

Please check one:

Gender: Male Female Choose Not to Answer

Race: White Black Asian/Pacific Islander American Indian
 Hispanic Choose Not to Answer

Veteran: Not a Veteran Disabled Veteran Armed Forces Service Medal Veteran
 Other Veteran who served on active duty in the Armed Forces during a war or in a campaign or expedition for which a campaign badge has been authorized.
 Veteran within 3 years of discharge or active duty Choose Not to Answer

Please check the referral source that most influenced your decision to apply for employment. Please select only one.

HRC Employee (please list): _____
 Friend/Family Member Newspaper Ad HRC Website IL WorkNet Center
 Employment Agency Choose Not to Answer

*****For Supervisor Use Only*****

Section III: (To be completed by Supervisor only on every applicant)

Applicant is in a protected class.
____ Female (Can be determined on basis of name if not seen in person)
____ Minority (Circle: Black, Hispanic, Asian/Pacific Islander, American Indian, Other _____)
____ Veteran
____ Disabled
____ Unknown

Applicant was not selected for an interview. Why not? _____

Applicant was interviewed.

If interviewed, applicant was not hired. Why not? _____

Supervisor Signature

Date

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2020
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Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities.¹ To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

- Blindness
- Autism
- Bipolar disorder
- Post-traumatic stress disorder (PTSD)
- Deafness
- Cerebral palsy
- Major depression
- Obsessive compulsive disorder
- Cancer
- HIV/AIDS
- Multiple sclerosis (MS)
- Impairments requiring the use of a wheelchair
- Diabetes
- Schizophrenia
- Missing limbs or partially missing limbs
- Intellectual disability (previously called mental retardation)
- Epilepsy
- Muscular dystrophy

Please check one of the boxes below:

- YES, I HAVE A DISABILITY (or previously had a disability)
- NO, I DON'T HAVE A DISABILITY
- I DON'T WISH TO ANSWER

Your Name

Today's Date

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2020
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Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

ⁱ Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.