

CARRIAGE CROSSING

SENIOR LIVING

Application for Employment

**Carriage Crossing
Assisted Living & Memory
Care**

LOCATION

ARCOLA

CHAMPAIGN

BLOOMINGTON

DECATUR

ROCHESTER

TAYLORVILLE

PARIS

We consider applications for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

WE ARE AN EQUAL OPPORTUNITY EMPLOYER.

Personal Information (Please print in ink.)

Employment Desired (Resident Care, Dietary, Housekeeping, etc.)		Date of Application
How did you learn about us? Advertisement, Friend, Relative, Walk-In, Other. (Please give name if applicable.)		
Last Name	First Name	Middle Name
Present Address (Street Number, City, State, Zip)		
Telephone/Message Number(s)		Social Security Number
Emergency Contact/Relation (Street Number, City, State, Zip, Telephone Number)		

Have you lived outside the state of Illinois within the past 5 years? Are you 18 years of age or older? Yes No
 Yes No

Are you legally eligible to work in the United States? Yes No
(Proof of eligibility will be required upon offer of employment.)

Can you (with reasonable accommodation, if applicable) perform the essential functions of this job? *(If you have any questions about the functions of the job, please ask the interviewer before answering this question.) (A physical examination, TB test, and drug screening are required upon employment.)* Yes No

Have you been employed at Carriage Crossing before? Yes No

Do you have relatives that are currently employed at Carriage Crossing? Yes No

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you currently on "lay-off" status and subject to recall? Yes No

On what date would you be available to begin work?

Are you willing/able to work (please check all that apply):
 Less than 30 hrs/wk; More than 30 hrs/wk; Short shifts (less than 8 hrs);
 Weekends *(Every other weekend is required for most positions.)*
 1st Shift 2nd Shift 3rd Shift

Have you been convicted of a misdemeanor? Yes No Have you ever been convicted of a felony? Yes No
 If yes, please explain: ***(A criminal background check will be conducted upon employment.)***

Education

	Name/City of School	Course of Study	Years Completed	Diploma/Degree
High School				
College				
Other Tech or Vocational School				

Describe any specialized training, apprenticeship, job related skills, or qualifications you have:

Employment Experience (starting with most recent)

1) Employer		Dates Employed	Description of Work Performed
Address, City		Beginning Wage/Salary	
Telephone Number(s)		Ending Wage/Salary	
Job Title	Supervisor		Office Use Only: Reference Checked?
Reason for Leaving			
2) Employer		Dates Employed	Description of Work Performed
Address, City		Beginning Wage/Salary	
Telephone Number(s)		Ending Wage/Salary	
Job Title	Supervisor		Office Use Only: Reference Checked?
Reason for Leaving			
3) Employer		Dates Employed	Description of Work Performed
Address, City		Beginning Wage/Salary	
Telephone Number(s)		Ending Wage/Salary	
Job Title	Supervisor		Office Use Only: Reference Checked?
Reason for Leaving			

References (not former employers or relatives)

1) Name	Relation	Office Use Only: Reference Checked?
Address	Telephone#	
2) Name	Relation	Office Use Only: Reference Checked?
Address	Telephone#	
3) Name	Relation	Office Use Only: Reference Checked?
Address	Telephone#	

Applicant's Statement

I certify that the answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in the application for employment as may be necessary in arriving at an employment decision. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employer may discharge the Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

I understand that I am required to abide by all rules and regulations of the Employer. I understand that practices and statements set out in policies, handbooks, and other company literature may be changed at any time by Carriage Crossing without notice, and that such practices and statements do not create an employment contract.

I understand that one of the requirements for employment at Carriage Crossing is a substance screen for drug detection. I further understand that failure to consent to this substance screen will be considered withdrawal of my application for employment. I also understand that if the test discloses the presence of any one or more of the tested drugs, I will be denied employment at Carriage Crossing. I authorize the laboratory utilized by Carriage Crossing's physician(s) to release the results of this drug screen to the authorized representative of Carriage Crossing and understand that the results and findings of the drug screen will not be released by the company to any person or agency unless compelled to do so by judicial process in the case of law enforcement officials.

I understand that a criminal background check with the Illinois State Police will be required for employment at Carriage Crossing. I understand that any felony or misdemeanor convictions must be reported to the licensing agent.

I understand that I am responsible for the actual cost of the pre-employment evaluation, including criminal background check, substance screen for drug detection, physical examination, and TB test (totaling approximately \$150). These costs are prepaid by Carriage Crossing and will be forgiven after 90 days of successful employment. I agree to have this amount deducted from my paycheck if I voluntarily resign or if I am terminated within the first 90 days of employment.

Signature of Applicant _____

Date _____

Equal Employment Opportunity is the LAW

Employers Holding Federal Contracts or Subcontracts

Applicants to and employees of companies with a Federal government contract or subcontract are protected under the following Federal authorities:

RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN

Executive Order 11246, as amended, prohibits job discrimination on the basis of race, color, religion, sex or national origin, and requires affirmative action to ensure equality of opportunity in all aspects of employment.

INDIVIDUALS WITH DISABILITIES

Section 503 of the Rehabilitation Act of 1973, as amended, prohibits job discrimination because of disability and requires affirmative action to employ and advance in employment qualified individuals with disabilities who, with reasonable

accommodation, can perform the essential functions of a job.

VIETNAM ERA, SPECIAL DISABLED, RECENTLY SEPARATED, AND OTHER PROTECTED VETERANS

The Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended, 38 U.S.C., 4212, prohibits job discrimination and requires affirmative action to employ and advance in employment qualified Vietnam era veterans, qualified special disabled veterans, recently separated veterans, and other protected veterans. A recently separated veteran is any veteran during the three year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval or air service.

RETALIATION

Retaliation is prohibited against a person who files a charge of discrimination, participates in an OFCCP proceeding, or otherwise opposes discrimination under these Federal laws.

Any person who believes a contractor has violated its nondiscrimination or affirmative action obligations under the authorities above should contact immediately:

The Office of Federal Contract Compliance Programs (OFCCP), Employment Standards Administration, U.S. Department of Labor, 200 Constitution Avenue, N.W., Washington, DC 20210, (202) 693-0101 or call an OFCCP regional or district office listed in most telephone directories under U.S. Government, Department of Labor. For individuals with hearing impairment, FCCP's TTY number is (202) 693-1337.

Private Employment, State and Local Governments, Educational Institutions, Employment Agencies and Labor Organizations

Applicants to and employees of most private employers, state and local governments, educational institutions, employment agencies and labor organizations are protected under the following Federal laws:

RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN

Title VII of the Civil Rights Act of 1964, as amended, prohibits discrimination in hiring, promotion, discharge, pay, fringe benefits, job training, classification, referral, and other aspects of employment, on the basis of race, color, religion, sex (including pregnancy and sexual harassment) or national origin. Religious discrimination includes failing to reasonably accommodate an employee's religious practices where the accommodation does not impose undue

hardship.

DISABILITY

Title I and Title V of the Americans with Disabilities Act of 1990 (ADA), as amended, protect qualified applicants and employees with disabilities from discrimination in hiring, promotion, discharge, pay, job training, fringe benefits, classification, referral, and other aspects of employment on the basis of disability.

The law also requires that covered entities provide qualified applicants and employees with disabilities with reasonable accommodations, unless such accommodations would impose an undue hardship on the employer.

AGE

The Age Discrimination in Employment Act of 1967, as amended, protects applicants and employees 40 years of age or older from discrimination on the basis of age in hiring, promotion, discharge, compensation, terms, conditions or privileges of employment.

SEX (WAGES)

In addition to sex discrimination prohibited by Title VII of the Civil Rights Act of 1964, as amended, the Equal Pay Act of 1963, as amended, prohibits sex discrimination in payment of wages to women and men performing substantially equal work, in jobs that require equal skill, effort and responsibility under similar working conditions, in the same establishment.

RETALIATION

Retaliation is prohibited against a person who files a charge of discrimination, participates in a

discrimination proceeding, or otherwise opposes discrimination under these Federal laws.

If you believe that you have been discriminated against under any of the above laws, and to insure that you meet strict procedural timelines to preserve the ability of EEOC to investigate your complaint and to protect your right to file a private lawsuit, you should immediately contact:

The U.S. Equal Employment Opportunity Commission (EEOC), Washington, DC 20507 or an EEOC field office by calling toll free (1-800) 669-4000. For individuals with hearing impairments, EEOC's toll free TTY number is 1-800 669-6820.

Programs or Activities Receiving Federal Financial Assistance

RACE, COLOR, SEX, NATIONAL ORIGIN

In addition to the protection of Title VII of the Civil Rights Act of 1964, as amended, Title VI of the Civil Rights Act prohibits discrimination on

the basis of race, color or national origin in programs or activities receiving Federal financial assistance. Employment discrimination is covered by Title VI if the primary objective of the

financial assistance is provision of employment, or where employment discrimination causes or may cause discrimination in providing services under such programs.

Title IX of the Education Amendments of 1972 prohibits employment discrimination on the basis of sex in educational programs or activities which receive Federal assistance.

INDIVIDUALS WITH DISABILITIES

Section, 504 of the Rehabilitation Act of 1973, as amended, prohibits employment discrimination on the basis of disability in any program or activity which receives Federal financial assistance in the federal government, public or private agency.

Discrimination is prohibited in all aspects of employment against persons with disabilities who, with or without reasonable accommodation, can perform the essential functions of a job.

If you believe you have been discriminated against in a program of any institution which receives Federal assistance, you should contact immediately the Federal agency providing such assistance.

Publication OFCCP 1420
Revised August 2008



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
 - W** mixture.
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)