

 Today’s Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Employment Application**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1105 W. Front Street • Bloomington, IL 61701 • Phone (309) 827-0377 • Fax (309) 829-8877

Project Oz is an Equal Opportunity Employer

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| Application for: □ Full-time □ Part-time □ Volunteer □ Internship, please indicate semester: |
| Position: |
|  |
| Name: |
| Phone Number: |
| Address: |
| (Street) (City) (State) (Zip)  |
| E-mail: |
|  |
| Social Security #: |

**EDUCATION**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name and address of school** | **Course of study/major** | **Years completed** | **Did you graduate?** | **Degree earned** |
| **High School** |  |  |  |  |
| **College** |  |  |  |  |
| **Graduate School** |  |  |  |  |
| **Other Schools** |  |  |  |  |
| **Name of school, college, or university *last* attended:** |

**Professional licenses and/or certificates:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you at least 21 years of age? □ Yes □ No

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

Has your driver’s license been suspended or revoked within the past 3 years?

*Please note: Driver’s license suspensions/revocations do not automatically reject an applicant.* □ Yes □ No

Do you have a current Illinois driver’s license?

 List other state of license, if applicable:\_\_\_\_\_\_\_\_\_ □ Yes □ No

Have you ever been convicted of or plead guilty to a crime other than a minor traffic violation? □ Yes □ No

 *Please note: All individuals offered employment are subject to a fingerprinted background check.*

 *Expunged convictions should not be reported.*

**EMPLOYMENT HISTORY** (Past 10 years, most recent employer first):

|  |  |  |
| --- | --- | --- |
| **Employer** | **Dates Employed:****To** | **Job Duties:** |
| **Telephone (please include area code)** | **Salary:****\_\_\_\_\_\_\_\_\_Per\_\_\_\_\_\_\_\_\_\_** |  |
| **Job Title(s)** |  |  |
| **Supervisor** | **May we contact employer?****Yes No Later** |  |
| **Reason for Leaving** |
|  |
| **Employer** | **Dates Employed:****To** | **Job Duties:** |
| **Telephone (please include area code)** | **Salary:****\_\_\_\_\_\_\_\_\_Per\_\_\_\_\_\_\_\_\_\_** |  |
| **Job Title(s)** |  |  |
| **Supervisor** | **May we contact employer?****Yes No Later** |  |
| **Reason for Leaving** |

|  |  |  |
| --- | --- | --- |
| **Employer** | **Dates Employed:****To** | **Job Duties:** |
| **Telephone (please include area code)** | **Salary:****\_\_\_\_\_\_\_\_\_Per\_\_\_\_\_\_\_\_\_\_** |  |
| **Job Title(s)** |  |  |
| **Supervisor** | **May we contact employer?****Yes No Later** |  |
| **Reason for Leaving** |

|  |  |  |
| --- | --- | --- |
| **Employer** | **Dates Employed:****To** | **Job Duties:** |
| **Telephone (please include area code)** | **Salary:****\_\_\_\_\_\_\_\_\_Per\_\_\_\_\_\_\_\_\_\_** |  |
| **Job Title(s)** |  |  |
| **Supervisor** | **May we contact employer?****Yes No Later** |  |
| **Reason for Leaving** |

**ADDITIONAL EXPERIENCE OR OTHER INFORMATION YOU WOULD LIKE US TO CONSIDER:**

PROFESSIONAL REFERENCES – Please list three people, not related to you, who can provide information as to your experience, training, skills, and/or character. (Examples: Employers, supervisors, teachers, mentors, or co-workers.)

|  |  |
| --- | --- |
| 1. Name:
 | Relationship to you: |
|  Phone: | Email: |
|  |  |
| 1. Name:
 | Relationship to you: |
|  Phone: | Email: |
|  |  |
| 1. Name:
 | Relationship to you: |
|  Phone: | Email: |

How did you hear about this job opening?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Why are you interested in employment at Project Oz?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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*Certification of Information: I hereby certify that the information contained in this application is correct to the best of my knowledge and understand that deliberate falsification of this information may be grounds for dismissal.*

Applicant’s signature: Date:

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 **Authorization for Release of Information**

1105 W Front Street Office: 309-827-0377

Bloomington, IL 61701 Fax: 309-829-8877

|  |  |
| --- | --- |
| Applicant Name: |  Social Security #: |
| Position Applied for: |  |

I hereby authorize Project Oz to obtain and verify verbally or in writing such information about my background and qualifications for employment at Project Oz, in its sole discretion, deems relevant to its decision whether to hire me for the position I am applying for, including without limitation professional and personal references, employment verifications, educational verifications, license and credentials verifications, criminal records, motor vehicle records, and Social Security number verifications.

In regards to Project Oz considering my application for employment, I hereby release Project Oz and its officers, directors, agents, and employees from any and all claims I may have arising out of the obtaining and verification of such information.

I hereby authorize any and all persons to disclose information to Project Oz about my previous employment or suitability for future employment.

In consideration of any person agreeing to provide information to Project Oz as authorized by this form, I hereby release any such person and any affiliated officers, directors, agents, and employees from any and all claims I may have arising out of the disclosure of such information.

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| --- |
| Applicant’s signature: Date: |
| Please list any previous and/or maiden names, if applicable: |