

Return Complete Applications To:
 Email: dmorris@shelter-inc.org
 Fax: 847-590-6184

Prospective employees will receive consideration without discrimination in regard to race, color, sex, age, national origin, religion, pregnancy, marital status, sexual orientation, gender identity, or physical or mental disability.

Shelter, Inc.
APPLICATION FOR EMPLOYMENT

P E R S O N A L	Last Name	First	Middle	Date
	Street Address			Phone ()
	City, State, Zip			
	Have you ever applied for employment with us? Yes No If yes, Month and Year _____ Location _____			Email Address
	Position Desired Now			Pay Requested
	Are you available for full-time work? Yes No If not, what hours can you work? _____			Will you work overtime if asked? Yes No
	Are you legally eligible for employment in the United States?			When will you be available to begin work? _____
	Other special training or skills (languages, certification, etc.)			

E D U C A T I O N	School	Name and Location of School	Course of Study	No. Of Years Completed	Did You Graduate?	Degree or Diploma
	Graduate				Yes No	
	College				Yes No	
	Business/Trade / Technical				Yes No	
	High School				Yes No	

Membership in Professional or Civic Organizations (Exclude those which may disclose your race, color, religion or national origin)

EMPLOYMENT

Please give accurate, complete full-time and part-time employment record. Start with your present or most recent employer.

1	Company Name	Telephone ()
	Address	Employed - (State month and year) From To
	Name of Supervisor	
	State Job Title and Describe Your Work _____	Reason for Leaving
2	Company Name	Telephone ()
	Address	Employed - (State month and year) From To
	Name of Supervisor	
	State Job Title and Describe Your Work _____	Reason for Leaving
3	Company Name	Telephone ()
	Address	Employed - (State month and year) From To
	Name of Supervisor	
	State Job Title and Describe Your Work _____	Reason for Leaving
4	Company Name	Telephone ()
	Address	Employed - (State month and year) From To
	Name of Supervisor	
	State Job Title and Describe Your Work _____	Reason for Leaving

We may contact the employers listed above unless you indicate those you do not want us to contact	DO NOT CONTACT	
	Employer Number(s) _____	Reason _____

MILITARY	Did you serve in the U.S. Armed Forces? Yes No	If Yes, in what Branch?
Describe any training received relevant to the position for which you are applying.		

R E F E R E N C E S	Name and Title of Professional Reference (No friends or relatives) Employment Supervisors, Internship Supervisors or Professors ONLY	Organization and Address	Phone Number

The information requested below is needed for a legally permissible reason, including, without limitation, a legitimate occupational qualification. Pursuant to the Department of Children and Family Services Part 385.30.d.1, *As a condition of employment and continuing employment in a licensed child care facility in a position which allows access to children, all persons subject to background checks, shall complete and sign authorizations for background checks and submit to fingerprinting.*

Have you ever been convicted of a crime, excluding minor traffic offenses: Yes No
If yes, describe in full.

Shelter policy prohibits permitting personnel or contractors who have a documented history of assaultive behavior to have interaction with or provide oversight to vulnerable populations. (“Assaultive behavior” includes any offensive touching or threat of offensive interaction with a vulnerable population, such as children, youth, older adults, or impaired adults.)

(A conviction record will not necessarily be a bar to employment, and factors such as age and time of the offense, seriousness and nature of the violation, and rehabilitation will be taken into account. However, per the Department of Children and Family Services Part 385.50.a, As the Department makes the presumption that an individual who has been determined to be a perpetrator of child abuse or neglect is not suitable to work which allows access to children.)

S I G N A T U R E	The information provided in this Application for Employment is true, correct and complete. If employed, any misstatement or omission of fact on this application may result in dismissal.
	I understand that Shelter provides equal opportunity for employment to all individuals without regard to race, color, religion, sex, age, national origin, marital status, or physical or mental disabilities with only those exceptions based upon occupational qualifications. Shelter is committed to assuring equal consideration to applicants and employees in human resources matters including recruitment, hiring, training, promotions, salaries, and other compensation.
	I authorize the references listed above to give you any and all information concerning my previous employment and any pertinent information they have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you.
	I understand that I will be subject to a medical examination as a condition of employment and thereafter, may be examined biannually as required by the Department of Children and Family Services. I also understand that I will be subject to fingerprinting and a complete Background Check by the State of Illinois; will be required to submit official academic transcripts from the last institution in which a degree was awarded; must have a valid Illinois Driver’s License and a clean driving record (if position requires the transportation of children); and must provide proof of Illinois auto insurance as a condition of employment.
	I understand the acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future.
Signature _____ Date _____	

VOLUNTARY SURVEY

Shelter, Inc. prohibits discrimination in employment in regard to race, color, religion, sex, age, national origin, marital status, ancestry, physical or mental disability, and veteran status.

As an employer with an Affirmative Action Program, we comply with government regulations, including Affirmative Action responsibilities where they apply.

The purpose for this information is to comply with government record keeping, reporting, and other legal requirements. Periodic reports are made to the government on the following information. The completion of this information is optional. If you choose to volunteer the requested information, please note that all information is kept in an Affirmative Action File and is not part of your Application for Employment or personnel file.

Please note: YOUR COOPERATION IS VOLUNTARY, INCLUSION OR EXCLUSION OF ANY DATA WILL NOT AFFECT ANY EMPLOYMENT DECISION.

Job Applying For: _____ Date: _____

Check one: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	AGE
Check one of the following: (Ethnic Origin) <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> African American <input type="checkbox"/> Other <input type="checkbox"/> Asian/Pacific Islander	
Check if any of the following are applicable: <input type="checkbox"/> Vietnam Era Veteran <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Disabled Individual	