



Please list any other education, training which you possess and which you believe may be relevant to the position for which you are applying:

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**EMPLOYMENT EXPERIENCE:** (Please list ALL current and previous employers, starting with your current or most recent employer.)

Employer:	Dates of Employment: Reason for Leaving: Salary/Hourly Rate:	Supervisor:  Phone #:
Address:	Job Title: Describe the work you did:	
Phone:		

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## IMPORTANT INFORMATION TO APPLICANT ABOUT PRIOR CRIMINAL CONVICTIONS

As a facility that provides services for people with disabilities, we cannot knowingly employ or retain any individual who performs direct care for clients, patients, or residents if that person has been convicted of committing or of attempting to commit one or more of the offenses listed below. A non-conditional offer of employment by this facility, then, is conditioned upon a finding of no prior criminal convictions, such as those listed below.

Law, under the Criminal Background Check Act, requires us to obtain a non-fingerprint based criminal record background check prior to offering you permanent employment, according to the Uniform Conviction Information Act (UCIA).

We may conditionally employ an applicant pending the results of the UCIA criminal history record check. We may not hire you, if the non-fingerprint based background check shows that you have been convicted of one or more to the offenses listed below.

You may request a waiver, through the state, within 30 days of receipt of a conviction report, as well as challenge it's completeness and accuracy within 7 days of receipt, by submitting, among other things, information necessary to initiate a fingerprint based background check. If the waiver of the prohibition against employment is granted, the facility has the option, but not the obligation, to hire you.

### THE CRIMES WHICH PROHIBIT INDIVIDUALS WHO HAVE BEEN CONVICTED FROM BEING EMPLOYED BY THIS FACILITY UNLESS A WAIVER IS APPROVED INCLUDE:

1. Solicitation of murder, solicitation of murder for hire
2. Murder, homicide, manslaughter or concealment of a homicidal death
3. Kidnapping or child abduction
4. Unlawful restraint or forcible detention
5. Indecent solicitation of a child, sexual exploitation of a child, sexual misconduct with a person with a disability, exploitation of a child, child pornography
6. Assault, aggravated assault, battery, battery of an unborn child, domestic battery, aggravated domestic battery, aggravated battery, heinous battery, aggravated battery with a firearm, aggravated battery with a machine gun or a firearm equipped with a silencer, aggravated battery of a child, aggravated battery of an unborn child, aggravated battery of a senior citizen, or drug induced infliction of great bodily harm
7. Tampering with food, drugs or cosmetics
8. Aggravated stalking
9. Home invasion
10. Criminal sexual assault, aggravated criminal sexual assault, predatory criminal sexual assault of a child, criminal sexual abuse, aggravated criminal sexual abuse
11. Abuse and gross neglect of a long-term care facility resident
12. Criminal abuse or neglect of an elderly or disabled person
13. Endangering the life or health of a child
14. Ritual mutilation, ritualized abuse of a child
15. Theft, theft of lost or mislaid property, retail theft, financial identity theft, aggravated financial identity theft
16. Financial exploitation of an elderly person or a person with a disability
17. Forgery
18. Robbery, armed robbery, aggravated robbery
19. Vehicular hijacking, aggravated vehicular hijacking
20. Burglary, residential burglary
21. Criminal trespass to a residence
22. Arson, aggravated arson, residential arson
23. Unlawful use of weapons, unlawful use or possession of weapons by felons or persons under the custody of Department of Corrections facilities, aggravated discharge of a firearm, aggravated discharge of a machine gun or a firearm equipped with a silencer, reckless discharge of a firearm, aggravated unlawful use of a weapon, unlawful discharge of firearm projectiles, unlawful sale or delivery of firearms on the premises of any school
24. Armed violence
25. Violations under the Wrongs to Children Act including endangering the life or health of a child and permitting sexual abuse of a child
26. Violations under the Illinois Credit Card and Debit Card Act including receiving a stolen credit or debit card, receiving a lost or mislaid card, sale or purchase of card without user's consent, prohibited use of a credit card, fraudulent use of electronic transmission
27. Violations under the Criminal Jurisprudence Act: Cruelty to children
28. Violations under the Cannabis Control Act: Manufacture, delivery or trafficking of cannabis; delivery of cannabis on school grounds or delivery to person under 18; violation by person under 18; calculated criminal cannabis conspiracy

- 29. Violations under the Illinois Controlled Substances Act: manufacture, delivery or trafficking of controlled substances, calculated criminal drug conspiracy
- 30. Violation under the Nursing and Advanced Practice Nursing Act: practice of nursing without a license

Have you ever been convicted of a crime, please do not include expunged or sealed convictions? Yes  No

If yes, please explain the nature: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**PERSONAL REFERENCES**

Please list three persons, **not related to you** and not your former employer, who you have known you for at least one year:

Name	Address	Phone Number	Years Known

**PLEASE READ AND SIGN BELOW**

I hereby certify that I have not withheld any information, which might adversely affect my chances for employment, and that the answers that I have given are true and complete to the best of my information and belief. I understand any omission or misstatement of fact on this application or any other document used to obtain employment will be grounds for rejection of this application or for immediate discharge if I am hired, regardless of the time elapsed prior to discovery.

I hereby authorize AID and it’s agents, including outside organizations, to investigate my references, educational background, employment history, military record, motor vehicle driving record, criminal history and all other matters related to my suitability for employment, including an inquiry to the Illinois Department of Public Health Healthcare Worker Registry. I hereby authorize my former employers to disclose to AID and its agents any and all employment records, including disciplinary reports, letters of reprimand and other disciplinary actions, without giving me notice of such disclosure. I hereby fully release AID, its agents, my former employers, educational institutions, law enforcement agencies, other parties, and each of their respective officers, employees and agents from any and all claims, demands and causes of action arising out of or in any way related to any such investigation, inquiry or disclosure. I understand and agree that a facsimile or photographic copy of this acknowledgment and release shall be as valid as the original.

I understand that this agency is a 24-hour operation and that shift work, overtime, and/or a rotating work schedule other than Monday through Friday may be required at any time. If hired I accept this condition of continuing employment.

I understand that this application is not a contract or a proposal for a contract. I further understand and agree that this application will be subject to consideration for a period of 30 days, and that if I have not been hired by the end of that period, I will need to complete and submit another application if I am still interested in employment with AID.

I understand and agree that if I receive a conditional offer of employment, I may be required to submit to a medical review prior to being hired and beginning work. I understand that I will be required to undergo alcohol and drug testing and that I may be required to be examined by a medical professional designated by AID. I also understand that I may be required to sign an agreement outlining the terms and conditions of my employment, which may include provisions protecting the company’s confidential information and client relationships both during and after my employment.

I understand and agree that if AID hires me, my employment may be terminated at any time, with or without cause, at the option of either AID or me. I further understand and agree that no oral or written representations or agreements contrary to the foregoing will be binding unless in writing, signed by both me and AID president.

The following is a list of documents that may be required if hired by AID.

- 1. Driver’s License, State ID Card and/or Passport
- 2. Social Security Card or Birth Certificate or other form of employment eligibility
- 3. Diploma or Equivalent and/or Transcripts
- 4. Physical Examination including TB test or Chest X-Ray
- 5. Auto Insurance Card

\_\_\_\_\_ Date \_\_\_\_\_ Signature of Applicant



Association for Individual Development  
 309 West New Indian Trail Court  
 Aurora, IL 60506  
 Phone: (630) 966-4000 FAX: (630) 844-1753

**REFERENCE CHECK - WRITTEN VERIFICATION**

**APPLICANT SHOULD COMPLETE TOP PORTION ONLY**  
**Previous Employer Reference information MUST be complete**

To: \_\_\_\_\_  
 (Company Name of Previous Employer)

Address: \_\_\_\_\_ Telephone No. ( ) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

To Whom It May Concern:

I have applied for a position with the Association for Individual Development. I request and authorize you to release and verify the information outlined below, as well as your opinions, concerning my employment record, character, performance habits, ability and reasons for leaving. The following data will help in identifying my record:

NAME WHILE IN EMPLOYMENT \_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_

TITLE OF POSITION HELD \_\_\_\_\_ DATES OF EMPLOYMENT \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**Employer's Please Complete the Following Information**

Dates of Employment: From \_\_\_\_\_ to \_\_\_\_\_ Full Time \_\_\_\_ Part Time \_\_\_\_

Title/Position: \_\_\_\_\_ Job Responsibilities: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_ Would You Re-Employ? Yes \_\_\_\_ No \_\_\_\_

**Employment Evaluation: Mark an (X) in box for appropriate rating:**

	Excellent	Good	Satisfactory	Fair	Unsatisfactory
Attendance/ Dependability					
Cooperation					
Initiative					
Quality of Work					
Communication					
Honesty					
Judgment					
Attitude					
Development Potential					

Additional Comments \_\_\_\_\_

Name and Title of Person Completing Form \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Thank you,**

\_\_\_\_\_  
 Manager, Association for Individual Development Phone \_\_\_\_\_

Form: E270e  
 Revised: 04/10, 02/09, 05/07

New: 04/04  
 Source: Human Resources



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