



C.E.F.S. ECONOMIC OPPORTUNITY CORPORATION

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Employment Application

(An Equal Opportunity Employer)

This Application will be maintained for 12 months only

| | | | |
|---|--|----------------|--|
| Name: | | Date: | |
| | <i>(Last Name)</i> <i>(First Name)</i> <i>(Middle)</i> | | |
| Address: | | | |
| | <i>(Number)</i> <i>(Street)</i> <i>(City)</i> <i>(State)</i> <i>(Zip Code)</i> | | |
| Telephone # | | | |
| | Home | Cell | |
| E-mail Address: | | | |
| I am (Check a Box) & will provide necessary documentation to validate that I am: | | | |
| <input type="checkbox"/> A citizen or national of the United States or <input type="checkbox"/> Authorized by the Immigration and Naturalization Service to work in the United States. | | | |
| Position(s) Applying For: | | | |
| Did a CEFS employee refer you? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| If yes, please provide name of employee: | | | |
| Have you ever worked for this organization before? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| If yes, when & where _____ | | | |
| Are you available to Work: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Days <input type="checkbox"/> Nights <input type="checkbox"/> Weekends | | | |
| List any day or hours you are unable to work: _____ | | | |
| List Any Friends or Relatives working here: | | | |
| | (Name) | (Relationship) | |
| | (Name) | (Relationship) | |

EDUCATION

Do you have a high school diploma or equivalent? Yes No

Please list other educational institutions (technical schools, college) attended beginning with the most recent.

| Name & Location of School | Number of Years Completed (circle one) | Degree Earned/Major |
|---------------------------|--|---------------------|
| | 1 2 3 4 | |
| | 1 2 3 4 | |

WORK EXPERIENCE: List below your last three employers, starting with the most current one.

| | | | |
|-----------------------------|--------------|----------|--|
| Company Name: | | Address: | |
| Position: | Dates - From | To | |
| Supervisor -Name and Title | | Phone | |
| Reason for Leaving | | | |
| Company Name: | | Address: | |
| Position: | Dates - From | To | |
| Supervisor - Name and Title | | Phone | |
| Reason for Leaving | | | |
| Company Name: | | Address: | |
| Position: | Dates - From | To | |
| Supervisor Name and Title | | Phone | |
| Reason for Leaving | | | |

REFERENCES: Include three professional or non-relative personal references (owners, supervisors, coworkers, and friends).

| Name | Address, City, State | Position | Phone Number |
|------|----------------------|----------|--------------|
| | | | |
| | | | |
| | | | |

THE BELOW DISCLAIMERS MUST BE READ IN THEIR ENTIRETY AND ACKNOWLEDGED BY SIGNATURE, AS PART OF THE APPLICATION PROCESS. PLEASE MAKE CERTAIN THAT YOU HAVE ANSWERED ALL OF THE QUESTIONS OF THIS EMPLOYEMENT APPLICATION TRUTHFULLY.

By signing below, I understand that the information provided is true and correct, and that any misstatements or omission of material facts in the application or the hiring process may result in discontinuing of the hiring process or termination of employment, no matter when discovered. I agree that the organization shall not be held liable in any respect if my employment is terminated because of false statements, answers or omissions made by me in this application.

I authorize the organization to analyze the truthfulness of all statements made on this application, complete reference checks from my current and former employers, and others that may provide information regarding my education and experiences. In addition, I give my consent for all contacted persons including current and former employers to provide information concerning this application, and I release each such person from liability for providing information to the organization.

I understand that nothing contained in this application, or the granting of an interview is intended to create an employer/employee relationship between the organization and myself either for employment or for the providing of any benefits. No promises regarding employment have been made to me unless made in writing. I further understand and agree that if I am hired, my employment would be "at will," as defined by law where our organization operates: I would have the right to terminate my employment at any time for any reason and that the organization would retain a similar right.

I understand that any offers of employment may be contingent upon my taking and successfully passing a drug and/or alcohol test in accordance with the organization's policy. If I refuse to submit to testing, refuse to sign the consent form, or test positive, the organization will not employ me.

I understand that any offers of employment may be contingent upon the results of a background check(s), including without limitation a criminal background check and a conviction inquiry, in accordance with the organization's policies and state law.

I hereby attest that all statements made by me above are true to the best of my knowledge, and I agree to the terms noted above.

Date: _____

Applicant's Signature: _____

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APPLICANT DATA RECORD

Applicants considered for positions will be treated without regard to race, color, religion, sex, national origin, age or disability. We are an Equal Opportunity Employer. We do not discriminate on the basis of race, religion, color, sex, age, national origin or disability. As an Equal Opportunity Employer we must comply with federal and state regulations and affirmative action responsibilities.

Instructions:

To help us comply with federal record keeping, reporting and other legal requirements, please fill out the Applicant Data Record. **Please Print in Ink or Type.** This data is for periodic federal reporting. This data will be kept in a **Confidential File Separate from the Application of Employment.** We appreciate your cooperation!

Date _____ Position(s) Applied for: _____

Referral Source: Newspaper Advertisement Electronic Media/Computer
 C.E.F.S. Website Walk-In Employee
 Relative Friend Employment Agency
 Other _____

Affirmative Action Survey

Federal agencies require periodic reports on the sex, ethnicity, disability, and veteran status of applicants. **This data is for analysis and affirmative action only. Submission of information is voluntary.**

Check One:

Male Female

Check One:

Under 21 60 & Over 21 to 59

Race/Ethnic Group Check One:

Hispanic/Latino

Non-Hispanic or Latino

- White
- Black or African American
- Native Hawaiian/other Pacific Islander
- Asian
- American Indian/Alaska Native
- Two or More Races

Check if Any Are Applicable:

- Veteran
- Veteran with Disabilities
- Non-Veteran with Disabilities