

MILESTONE, INC. APPLICATION FOR EMPLOYMENT

(PLEASE PRINT CLEARLY)

E-mail application to hr@milestone-inc.org

Name _____ Date _____

Other Legal Employment Name(s) _____ Social Security No. _____

Present Address _____ Telephone No. _____

City / State / Zip _____ Rate of pay expected \$ _____

Position(s) applying for _____ Shift desired: ___1st ___2nd ___3rd ___ Available to work all

Would you work Full-time _____ Part-time _____ What hours available for Part-time _____

Did we previously employ you? _____ When? (Dates) _____ Facility? _____

How did you hear about us? _____

Do you have a relative currently employed with us? _____ If yes, whom? _____

If your application is considered favorable, on what date will you be available for work? _____

Are there any other experiences, skills, or qualification, which you feel would especially fit you for work with our organization? _____

Emergency Contact Person _____

Name	Address	City, State & Zip	Phone
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RECORD OF EDUCATION

	Name & Address of School	Last year completed	Course of study	Did you graduate?	Diploma, certif., or degree
High School	_____				
College	_____				
Other (Specify)	_____				

Personal References (Not RELATIVES or Previous Employers)

	1 st	2 nd	3 rd
Name			
Address			
City, State & Zip			
Phone			

OFFICE USE ONLY Start Date _____ Date of Birth _____ Rate of Pay _____ Facility/ Position _____ Code _____ Employee # _____ Pay Check pick up _____	Prev Apps ___ Abra ___ HHS/HFS OIG _____ IL/FED SOL ___ Dipl/GED Employ Hist. E/F/P _____ Winn Cty ___ IDPH/HCWR ___ FP _____ IL DOC: I ___ P ___ MW ___ Refs out _____
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INFORMATION BELOW MUST BE COMPLETE AND ACCURATE IN ORDER TO PROCESS THIS APPLICATION.
(Start with most recent employer)

Employment History

1. Name of Employer _____ Address _____	Supervisor _____ City, State, Zip	Position _____	Start/End Dates _____	Reason for leaving _____
2. Name of Employer _____ Address _____	Supervisor _____ City, State, Zip	Position _____	Start/End Dates _____	Reason for leaving _____
3. Name of Employer _____ Address _____	Supervisor _____ City, State, Zip	Position _____	Start/End Dates _____	Reason for leaving _____
4. Name of Employer _____ Address _____	Supervisor _____ City, State, Zip	Position _____	Start/End Dates _____	Reason for leaving _____

To Applicant: READ THIS INTRODUCTION CAREFULLY BEFORE ANSWERING ANY QUESTIONS IN THIS BLOCKED-OFF AREA. The Civil Rights Act of 1964 prohibits discrimination in employment because of race, gender color, creed, religion, sex or national origin. Federal law also prohibits other types of discrimination such as age and citizenship. The laws of most States also prohibit some or all of the above types of discrimination as well as some additional types such as discrimination based upon ancestry, marital status or physical or mental handicap or disability. The Fair Credit Reporting Act imposes restrictions with respect to credit data.

DO NOT ANSWER ANY QUESTION CONTAINED IN THIS BLOCKED-OFF AREA UNLESS THE EMPLOYER HAS CHECKED THE BOX NEXT TO THE QUESTION, thereby indicating that for the position for which you are applying the requested information is needed for a legally permissible reason, including, without limitation, national security requirements, a bona fide occupational qualification or business necessity.

Are you 18 years of age or older? _____ Driver's License # _____ Issuing State _____ Exp Date _____

Please read and sign below

The facts set forth in my application for employment are true and complete. I understand that if employed, any false statement on this application may result in my dismissal. I further understand that this application is not intended to be a contract of employment, nor does this application obligate the employer in any way if the employer decides to employ me. I understand and agree that my employment is at-will and can be terminated by either party with or without notice, at any time, for any reason or no reason. No one other than an officer of the Company has any authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing and then only in writing signed by an officer. You are hereby authorized to make any investigation of my personal history and financial and credit record through any investigative or credit agencies or bureaus of your choice.

In making this application for employment I authorize you to make an investigative consumer report whereby information is obtained through personal interviews with my neighbors, friends, or others with whom I am acquainted. This inquiry, if made, may include information as to my character, general reputation, personal characteristics and mode of living. I understand that I have the right to make a written request within a reasonable period of time to receive additional, detailed information about the nature and scope of any such investigative report that is made.

I have read and understand the Notice to all Applicants so I am aware my application will not be processed if I have any criminal convictions on my background unless I have a waiver from the Illinois Department of Public Health and/or Department of Human Services. By signing below, I consent to a criminal background check and/or a Department of Children and Family Services background check.

X _____
Signature of Applicant

Milestone Inc.
 4060 McFarland Rd.
 Rockford, IL 61111
 (815) 654-6100

Employment/Personal Reference Check

I hereby authorize my previous, present employer(s), school of education, or personal reference to furnish Milestone Inc. with the information listed below.

Applicant printed name _____ Signature _____ Other Legal Name(s) _____

Applicants DO NOT complete below this line.

The above applicant has applied for a position with Milestone Inc. We are asking that you verify the information below so that we may make that best decision possible when hiring. Please understand that all information will be kept confidential. Thank you for taking the time to complete this form.

Sincerely,

 HR Dept. Representative / Date

EMPLOYMENT REFERENCE ONLY

Social Security Number: _____

Verify all dates of employment: _____

What position was held? _____

Was applicant dependable/ reliable? _____

Applicant may be considered for a position with in a DCFS licensed facility, please answer the following questions.

Was applicant's job performance acceptable? YES NO (if no, why?)

Would you rehire? YES NO (if no, why?)

Furnished by: _____
 Signature Date

 Title

Company Name: _____

(Please fax to (815) 986-0535 when completed)

PERSONAL REFERENCE ONLY

How long have you known the applicant? _____

Please rate the applicant's character:

	Above Average	Average	Fair	Poor
Honesty				
Attitude				
Self-Control				
Patience				
Tolerance				

Do you feel the applicant would do well working with people with disabilities? YES NO (if no, why?) _____

Furnished by: _____
 Signature Date

Reference Name: _____

(Please return in the enclosed envelope when completed)