

**FRIENDSHIP VILLAGE OF SCHAUMBURG****APPLICATION FOR EMPLOYMENT**

350 W. Schaumburg Road ♦ Schaumburg, IL 60194 ♦ (847) 884-5000

Recruitment Source: \_\_\_\_\_

Please Print

Date: \_\_\_\_\_

**PERSONAL INFORMATION**Social Security No. \_\_\_\_\_  
(Verification will be performed.)Name \_\_\_\_\_  
Last First Middle (Required)

Street Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_ E-mail Address \_\_\_\_\_

Telephone No. ( ) \_\_\_\_\_ Best time to call you at home is: \_\_\_\_\_

May we contact you at work?  Yes  No If yes, work number: \_\_\_\_\_Are you legally eligible for employment in the United States?  Yes  No (Proof will be required if hired.)Are you at least 16 years of age?  Yes  No (We comply with child labor regulations.)Have you been convicted of a crime in the past seven years (excluding sealed or expunged convictions)?  Yes  No

If yes, describe in full: \_\_\_\_\_

*(Note: A "yes" answer does not necessarily disqualify you from consideration. The nature of the offense, the date, the surrounding circumstances and the relevance to the position applied for will be considered.) As required by law, a criminal background investigation will be conducted on all applicants offered employment.***EMPLOYMENT DESIRED**

Position(s) applied for: \_\_\_\_\_

Type of employment desired:  Full-Time  Part-Time  Pool/On Call Shift desired:  A.M.  P.M.  Nights

Salary desired: \_\_\_\_\_ If hired, on what date can you start work? \_\_\_\_\_

Will you work overtime when required?  Yes  No Will you work weekends and holidays when requested?  Yes  No  
(Many positions require weekend/holiday work.)

How did you learn about Friendship Village? \_\_\_\_\_

Have you applied for employment with Friendship Village before?  Yes  No If yes, when: \_\_\_\_\_Have you worked for Friendship Village in the past?  Yes  No If yes, dates employed: \_\_\_\_\_

Job duties: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Do you know anyone currently working for Friendship Village?  Yes  No If yes, please list names and their relationship:  
\_\_\_\_\_  
\_\_\_\_\_**WE ARE AN EQUAL OPPORTUNITY EMPLOYER. WE DO NOT DISCRIMINATE BECAUSE OF AN EMPLOYEE'S OR APPLICANT'S RACE, SEX, AGE, RELIGION, COLOR, CREED, NATIONAL ORIGIN, MARITAL STATUS, CITIZENSHIP, DISABILITY, SEXUAL ORIENTATION OR ANY OTHER STATUS PROTECTED BY LAW.**

**EMPLOYMENT HISTORY**

Are you employed now?  Yes  No      If yes, may we contact your present employer?  Yes  No

Please provide the following information for each of your employers, starting with your present or most recent position. If necessary, please use additional paper to include any other employment history .

DATES EMPLOYED (REQUIRED)	COMPANY NAME, ADDRESS & PHONE NO. (REQUIRED)	JOB TITLE & JOB DUTIES	NAME OF SUPERVISOR (REQUIRED)	ENDING WAGE / SALARY	REASON FOR LEAVING (REQUIRED)
From:				\$	
To:					
From:				\$	
To:					
From:				\$	
To:					
From:				\$	
To:					
From:				\$	
To:					

If there have been any gaps in your employment during the last five years please provide details in the space provided here:

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Have you served in the United States Military?  Yes  No      If yes, what branch? \_\_\_\_\_

Describe any special training you have received: \_\_\_\_\_

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List any special accomplishments, publications, awards, etc. (Exclude information that would reveal sex, race, religion, national origin, age, ancestry, disability or protected status): \_\_\_\_\_

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**EDUCATIONAL BACKGROUND**

SCHOOL	NAME & LOCATION (REQUIRED)	# OF YRS ATTENDED	SUBJECTS OR DEGREES	DID YOU GRADUATE?
HIGH SCHOOL				<input type="checkbox"/> Yes <input type="checkbox"/> No
COLLEGE / UNIVERSITY				<input type="checkbox"/> Yes <input type="checkbox"/> No
OTHER				<input type="checkbox"/> Yes <input type="checkbox"/> No

List professional, trade, business or civic associations and any offices held. (Exclude information that would reveal sex, race, religion, national origin, age, ancestry, disability or other protected status):

ORGANIZATION(S)	OFFICES HELD

**REFERENCES**

Please list four people not related to you whom you have known for at least one year and whom we may contact as business and professional references.

NAME	RELATIONSHIP	YRS KNOWN	PHONE #	ADDRESS

Provide any additional information that you believe would assist us in making a decision whether to hire you: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**APPLICANT'S STATEMENT**

I certify that the facts contained in this application are true and complete to the best of my knowledge. I understand that any false statements, omissions, or misrepresentations on this application or during the employment process may be considered sufficient cause for rejection of this application or dismissal if I have been employed, no matter when discovered by the Company.

I hereby authorize Friendship Village (or its agent) to thoroughly investigate my background, education, references, employment record and other matters related to my suitability for employment and, further authorize my former employers or any third party to disclose to the Company all reports and other information related to my suitability for employment, personal or otherwise, without giving me prior notice of such disclosure. In addition, I hereby release the Company, former employers and all references listed above, from any and all claims, demands or liabilities arising out of or related to such investigation or disclosure. I hereby authorize Friendship Village and any consumer or credit-reporting agency or bureau employed by Friendship Village to make a consumer credit report in connection with this application.

I understand that if I receive an offer of employment, it will be conditioned on my passing a drug test and a post-offer/pre-employment physical examination and a criminal background check. I further understand that, should this test indicate the presence of drugs in my system, it will result in the rejection of my application for employment and the withdrawal of my offer or my immediate discharge, if learned after hire. I consent to this testing and to the post-offer/pre-employment physical examination and request that the results be disclosed to the Company. I hereby release the Company, its employees and agents, from any and all legal liability flowing from my taking such a physical examination or test or my failure or refusal to take such test.

I understand that nothing contained in this application, or conveyed during any interview that may be granted, is intended to create an employment contract. I further agree that if I am hired, my employment will be at-will, which means that it is for no definite period and may be terminated at any time, without cause or prior notice, at the option of either myself or the Company. I further understand that no representative of the Company has the authority to make any assurances to the contrary.

I UNDERSTAND THAT THE COMPANY WILL ONLY CONSIDER THIS APPLICATION FOR 6 MONTHS, AND THAT I WILL HAVE TO COMPLETE A NEW APPLICATION IF I WANT TO BE CONSIDERED FOR EMPLOYMENT AFTER THAT PERIOD OF TIME.

Friendship Village of Schaumburg conducts business under the following Mission Statement:  
All employees of Friendship Village of Schaumburg will be expected to carry out our Core Values as part of their job's responsibilities.

**FAITH COMMUNITY SERVICE STEWARDSHIP GROWTH**

Full Legal Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_