



1606 Hunt Drive • Normal, Illinois 61761 • (309) 451-8888

APPLICATION FOR EMPLOYMENT

To Applicant: We appreciate your interest in this agency. A clear understanding of your background and employment history will aid in matching your interests and abilities with our needs. Please complete the following form as thoroughly as possible. **Incomplete applications will not be considered.** Please put N/A (Not Applicable) in items rather than leaving them blank. If you have a personal resume or written information you think would be helpful, please attach it to this form. Only applicants who have been scheduled for an interview will be notified of the employment decision. All applications will be on file for one year. Applications will be considered **active for ninety days**. After each ninety day period, you should call and ask that your date of application be adjusted to the current date.

Social Security Number: _____ Date: _____

Name: _____ Phone Number: _____

Email: _____

Street/Address/Apt. No.: _____

City: _____ State: _____ Zip Code: _____

Education

(Name and Location of School Attended)	Graduate?		(Major/Minor/Honor/Certification)
	Yes	No	
	Yes	No	
	Yes	No	

Is your HS diploma / transcript available to us? _____

Is your college transcript available to us? _____

Do you have a valid Driver's License? Yes _____ No _____

Employment: **Begin with most recent.** Please be specific in describing previous job experience with persons who are developmentally disabled.

Name of Company: _____ Employed From: _____ To: _____

Company Address: _____ Company Phone: (____) _____
Street (P.O Box)

Job Title: _____ Supervisor: _____
City State Zip Code

Major Duties: _____

Reason I left: _____

Name of Company: _____ Employed From: _____ To: _____
Company Address: _____ Company Phone: (____) _____
Street (P.O Box)

City State Zip Code
Job Title: _____ Supervisor: _____

Major Duties: _____

Reason I left: _____

Name of Company: _____ Employed From: _____ To: _____
Company Address: _____ Company Phone: (____) _____
Street (P.O Box)

City State Zip Code
Job Title: _____ Supervisor: _____

Major Duties: _____

Reason I left: _____

Name of Company: _____ Employed From: _____ To: _____
Company Address: _____ Company Phone: (____) _____
Street (P.O Box)

City State Zip Code
Job Title: _____ Supervisor: _____

Major Duties: _____

Reason I left: _____

Other Pertinent Information: (Military Service, hobbies and interests, additional training and/or experience.) Attach information or write on back if additional space is needed.

How were you referred to Marcfirst? _____

If by a current employee, please name: _____

Work Interests I would prefer to work in the following departments at Marcfirst (Check all that apply).

(*Requires a valid Driver's License)

_____ Residential Homes*	_____ Casework/Case Coordinator*
_____ Vocational Supports*	_____ Secretarial/Word Processing*
_____ Respite Care (i.e. temporary caregiver for a child/an adult)*	_____ Business Office*
_____ Administration*	_____ Other _____
_____ Substitute in any of the above*	

Position(s) Applied for: _____

Availability Please check below those hours and shifts in which you are currently willing to work.

1. Available for: _____ Full Time _____ Part Time _____ Substitute (Called as needed)

2. Available to work: (Check all that apply)

_____ Days _____ Evenings _____ Overnight _____ Weekends _____ Rotating Shifts _____ Split Shifts

3. Date available to work _____

4. If a student, your current class schedule _____

5. If a student, when do you plan to graduate? _____

References: **Two employment references and one personal reference** are required before you can be contacted for employment. Please notify your references that they will be contacted and that they should respond promptly.

Two of the references must be from a current or former employer of management or supervisor level. References from family members will not be accepted unless they are related to the previous employment in a family business.

1. Employer: _____ Occupation: _____

Email (if available): _____

Address: _____ Phone Number: (____) _____
Street P.O. BOX

City State Zip Code

2. Employer: _____ Occupation: _____

Email (if available): _____

Address: _____ Phone Number: (____) _____
Street P.O. BOX

City State Zip Code

3. Personal: _____ Occupation: _____

Email (if available): _____

Address: _____ Phone Number: (____) _____
Street P.O. BOX

City State Zip Code

Other Information

1. Are you aware that many of Marcfirst's employment positions require specific abilities such as lifting, quick reflexes and/or responses _____ Yes _____ No

2. Do you have a professional License or certificate: _____ If yes, what license or certificate do you hold? _____

3. Have you ever worked for Marcfirst previously? _____ Yes _____ No If yes, what years? _____

Under Illinois law, for certain positions we are mandated to do a criminal background check. Passing it will be required for those positions before a final job offer is made.

The facts set forth in my application for employment are true and complete. I understand that if employed, false statements may be sufficient cause for my dismissal. You are hereby authorized to make any investigation of my employment record, educational training and references as may be necessary and relevant to the position applied for in this application. I hereby release the agency from any liability arising from disclosure of such information. **Marcfirst** is an "at will" employer.

Signature

Date

Marcfirst
EEO/Affirmative Action Employer