



Application for Employment

Cunningham Children's Home

1301 N. Cunningham Avenue

Urbana, IL 61803

Tel: (217) 367-3728 Fax: (217) 367-2896

Email: hrd@cunninghamhome.org

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.

Welcome!

We're glad you're interested in employment with Cunningham Children's Home! Our mission is "to offer emotional, social, educational and spiritual support to children, youth and families by providing a safe, nurturing, therapeutic environment in which individuals may experience personal growth and healing." We are therefore committed to hiring, training, and retaining exceptional staff who will help us provide a culture of professional excellence and dedication. As a result, our employee selection process may be more detailed than what you have previously experienced.

Instructions:

All questions on Pages 1 through 6 of this application must be answered completely, even if you attach a resume. As part of the application process, you may also be required to complete a Predictive Index Survey. Failure to comply with these requests or to follow these instructions may result in your application being eliminated from consideration.

The information on Page 7 is requested in accordance with federal regulations regarding equal employment opportunity. We encourage you to complete this form, but it is strictly voluntary and is not used in making employment decisions.

Upon submission of all required information, you will receive notification either by U.S Mail or email that your application is complete. Once you have received this notification, it is not necessary for you to call to inquire about the status of your application. We will contact you if we desire an interview.

Applicant Information

Name _____
Last First Middle

Date _____ Social Security Number _____

Address _____ City State Zip

(_____) _____ (_____) _____
Primary Telephone Number Secondary Telephone Number

Email Address

What is the best way to contact you during the day?

Position(s) for which you are applying?

Applicant Information, Continued

Are you at least 21 years of age? Yes No

Have you applied to Cunningham before? Yes No

If yes, list date(s) and for which position(s) _____

Were you interviewed? Yes No

Have you been previously employed by Cunningham? Yes No

If yes, list dates and position(s): _____

Many of our jobs require driving. Please answer the following questions regarding your driving history.

1. Do you have a current and valid Illinois driver's license? Yes No
2. Have you been ticketed for 3 moving violations within a given year? Yes No
3. Have you been convicted of a DUI/DWI within the last three years? Yes No
4. Your Drivers License Number _____ State _____

Are you related by blood or marriage or have a family-like relationship with anyone employed by Cunningham Children's Home or Gerber School now or in the past? Yes No

Please Name: _____

Preliminary Questions

Please take a moment to carefully consider and answer the following questions. If you have reservations about these questions, you are encouraged to discuss them with someone from Human Resources prior to completing the application.

1. We conduct pre-employment, for-cause, and random drug tests. Are you willing to work under those conditions? Yes No
2. The use of tobacco is prohibited on Cunningham property. Are you willing to work without the availability of "smoke breaks"? Yes No
3. All Cunningham employees are required to successfully complete Orientation and Training that lasts approximately 13 working days. Some of these classes may not seem directly related to your job description, but are required either by licensing or agency policy. Are you willing and available to complete Orientation and Training as scheduled? (Usually between 8:00 a.m. and 5:00 p.m., Monday through Friday) Yes No
4. Cunningham Children's Home is affiliated with the United Methodist Church. We are non-sectarian in our employment practices and in the services we provide our clients. We do, however, view our work here as a mission and ministry. Regardless of your own personal beliefs, can you and will you support this value in the workplace? Yes No
5. Questions or Comments? _____

Referral Source

Please check the appropriate category and name the source.

<input type="checkbox"/> The News-Gazette (website)	<input type="checkbox"/> The News-Gazette (newspaper)
<input type="checkbox"/> Employee Referral name:	<input type="checkbox"/> Cunningham Children's Home website
<input type="checkbox"/> TV Commercial which channel?	<input type="checkbox"/> Radio Ad which station?
<input type="checkbox"/> IlliniHelpWanted.com	<input type="checkbox"/> Career Center where?
<input type="checkbox"/> College Department which department?	
<input type="checkbox"/> Other please specify:	

Background Information

Have you been convicted of a felony? Yes No

If yes, please provide dates and details: _____

Have you been convicted of a crime that would impact your employability at a child welfare agency? Yes No

If yes, please provide dates and details: _____

Have you been "indicated" in a child abuse/neglect investigation? Yes No

If yes, please explain: _____

Educational Background

Starting with your most recent school attended and ending with your high school, provide the following information:

School (include city & state)	Years Completed	Completed	GPA Class Rank	Major/Minor
		<input type="checkbox"/> Diploma <input type="checkbox"/> Degree <input type="checkbox"/> Certification <input type="checkbox"/> GED <input type="checkbox"/> Other		
		<input type="checkbox"/> Diploma <input type="checkbox"/> Degree <input type="checkbox"/> Certification <input type="checkbox"/> GED <input type="checkbox"/> Other		
		<input type="checkbox"/> Diploma <input type="checkbox"/> Degree <input type="checkbox"/> Certification <input type="checkbox"/> GED <input type="checkbox"/> Other		
		<input type="checkbox"/> Diploma <input type="checkbox"/> Degree <input type="checkbox"/> Certification <input type="checkbox"/> GED <input type="checkbox"/> Other		

Skills and Qualifications

Summarize any special training, skills, licenses and/or certificates that may assist you in performing the position for which you are applying.

Computer Skills (Check all appropriate boxes. Include software used and years of experience.)

<input type="checkbox"/> Word Processing	<input type="checkbox"/> Other
<input type="checkbox"/> Spreadsheet	<input type="checkbox"/> Other
<input type="checkbox"/> E-mail	<input type="checkbox"/> Other
<input type="checkbox"/> Internet	<input type="checkbox"/> Other

Employment Information

Starting with your most recent employer, provide the following information. You must list, at minimum, all jobs held within the last 20 years. You may copy and attach this page if additional space is needed to complete a 20 year history.

Employer _____ () _____
Phone Number _____

Address _____ City _____ State _____ Zip _____
Start: _____ End: _____ Hourly or Salary \$ _____ per _____
Dates employed (month & year) _____ (circle one)

Job Title _____ Immediate Supervisor (Name & Title) _____
May we contact your supervisor for reference? Yes No Later

Reason for leaving? _____

Summarize the type of work performed and job responsibilities. _____

What did you like best about your position? _____

What did you like least about your position? _____

Employer _____ () _____
Phone Number _____

Address _____ City _____ State _____ Zip _____
Start: _____ End: _____ Hourly or Salary \$ _____ per _____
Dates employed (month & year) _____ (circle one)

Job Title _____ Immediate Supervisor (name & title) _____
May we contact your supervisor for reference? Yes No Later

Reason for leaving? _____

Summarize the type of work performed and job responsibilities. _____

What did you like best about your position? _____

What did you like least about your position? _____

Employer _____ () _____
Phone Number _____

Address _____ City _____ State _____ Zip _____
Start: _____ End: _____ Hourly or Salary \$ _____ per _____
Dates employed (month & year) _____ (circle one)

Job Title _____ Immediate Supervisor (name & title) _____
May we contact your supervisor for reference? Yes No Later

Reason for leaving? _____

Summarize the type of work performed and job responsibilities. _____

What did you like best about your position? _____

What did you like least about your position? _____

Employment Information (cont.)

Explain any gaps in your employment, other than those due to personal illness, injury or disability.

If not addressed on previous pages, have you been fired or asked to resign from a job? Yes No
If yes, please provide details below.

References

List name and telephone number of three business/work references that **are not related to you and are not previous supervisors**. If not applicable, list three school or personal references that are **not related** to you.

Name	Title	Relationship to you	Telephone	Number of years known
			()	
			()	
			()	

Related Information

To what job-related organizations (professional, trade, etc.) do you belong?
Exclude information that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve, National Guard or any other similarly protected status.

Organization	Offices held

List special accomplishments, publications, awards, etc.
Exclude information that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve, National Guard or any other similarly protected status.

Use the space below to describe any other job-related information you would like to share with us?

Applicant Statement and Release

I certify that all information provided in this application for employment with Cunningham Children's Home is true, complete and correct.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview through a thorough background check including but not limited to criminal history excluding expunged or sealed records of conviction or arrest, Department of Motor Vehicle driving history, educational credentials and a credit check. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that this employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration on any basis prohibited by applicable local, state or federal law.

I understand that this application remains current for 90 days. At the conclusion of that time, if I have not been contacted by the employer and still wish to be considered for employment, it will be necessary for me to reapply and complete a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's President/CEO.

I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United State and that federal immigration laws require me to complete an I-9 Form to this regard.

I further understand that an offer of employment will be contingent upon my ability to pass an employee health exam including TB and drug tests.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) eliminate me from further consideration of employment or (ii) may result in my immediate discharge from the employer's service, whenever it is discovered.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement and Release.

Signature of Applicant

Date



EQUAL EMPLOYMENT OPPORTUNITY VOLUNTARY IDENTIFICATION FORM

Various agencies of the United States Government require employers to maintain information on applicants pertaining to factors such as race, gender, and type of position for which an individual applies. The information requested on this form is for compliance with certain record keeping requirements. Cunningham Children's Home believes all persons are entitled to equal employment opportunities and does not discriminate against its employees or applicants for employment because of race, color, sex, religion, national origin, disability, veteran status, age, marital status or any other protected group status.

Name: _____ Date: _____

Position applied for: _____

Please Check One: Male _____ Female _____

Please circle as applicable

WHITE — (Not of Hispanic Origin) Includes all persons having origins in Europe, North Africa, or the Middle East.

BLACK — (Not Hispanic) Includes all persons having origins in any of the Black racial groups of Africa.

HISPANIC — Includes all persons of Mexican, Puerto Rican, Cuban, Central or South American origin, or any other Spanish origin or culture, regardless of race.

ASIAN—(Not Hispanic) Includes all persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

NATIVE HAWAII/OTHER PACIFIC ISLANDER-(Not Hispanic) Includes all persons having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

AMERICAN INDIAN/ALASKA NATIVE - Includes all persons having origin in any of the original peoples of North America, and who maintain cultural identity through tribal affiliation or community recognition.

TWO OR MORE RACES-(Not Hispanic) Including persons who identify with more than one of the above five races.

Regulations issued by the U.S. Department of Labor, with respect to disabled individuals, disabled veterans, and Vietnam Era veterans, require that federal contractors provide an opportunity for self-identification to candidates seeking employment. Such self-identification is submitted on voluntary and confidential basis, for use only in accordance with regulations, and without subjecting the individual to adverse treatment.

DISABLED INDIVIDUAL — Federal regulations define a disabled person as one who (1) has a physical or mental impairment which substantially limits one or more of such person's major life activities, (2) has a history of such impairment, or (3) is regarded as having such an impairment.

VIETNAM VETERAN — An individual who has served in active duty for a period of more than 180 days, between 8/6/64 to 5/7/75, and was discharged or released with other than a dishonorable discharge.

SPECIAL DISABLED VETERAN — An individual who is entitled to disability compensation under laws administered by the Veterans Administration for a disability rated at 30 percent or more, or was discharged or released from active duty because of a service-connected disability.

OTHER ELIGIBLE VETERAN – Defined as any veteran who served in a “war” declared by Congress, in a campaign or on an expedition for which a campaign badge, a service medal, or an expeditionary medal has been awarded.

Please Check One:

_____ I have read the above and voluntarily provide the requested information.

_____ I have read the above and decline to provide the requested information.

Signature of Applicant _____ Date _____