



311 South Reed Street  
Joliet, IL 60436-2050  
<http://www.cdsil.org>

# APPLICATION FOR EMPLOYMENT

(PLEASE PRINT)

Positions (s) Applied For _____	Date of Application _____
How Did You Learn About Us? <input type="checkbox"/> Advertisement <input type="checkbox"/> Employment Agency <input type="checkbox"/> Relative <input type="checkbox"/> Friend <input type="checkbox"/> Inquiry <input type="checkbox"/> Other _____	

Last Name	First Name	Middle Name		
Address		Street	City	State
				Zip Code
Telephone Numbers (s)		Social Security Number		
		- - -		

Best time to contact you is:.....:..... a.m. or p.m.

If you are under 18 years of age can you provide required proof of you eligibility to work?..... Yes  No

Have you ever filed an application with us before?..... Yes  No  
If Yes, give date \_\_\_\_\_

Have you ever been employed with us before?..... Yes  No  
If Yes, give date \_\_\_\_\_

Do any of your friends or relatives, other than spouse, work here?..... Yes  No

Are you currently employed?..... Yes  No

May we contact your present employer?..... Yes  No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?  
**Proof of citizenship or immigration status will be required upon employment.....**  Yes  No

Date available for work \_\_\_\_/\_\_\_\_/\_\_\_\_ what is your desired salary range? \_\_\_\_\_

Are you available to work:  Full-Time (please indicate 1 2 3 shift)  Part-Time (please indicate Mornings/ Afternoons/ Evenings)  
 Temporary (please indicated day's available \_\_\_\_\_)

Are you currently on "lay-off" status and subject to recall?..... Yes  No

Can you travel if a job requires it?..... Yes  No

**Have you ever been convicted of a felony?.....**  Yes  No

**WE ARE AN EQUAL OPPORTUNITY EMPLOYER**



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## APPLICATION FOR EMPLOYMENT

*We consider applicants for all positions without regard to race, color religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.*



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## APPLICATION FOR EMPLOYMENT

### EDUCATION

	Name of School	Course of Study	Years Completed	Diploma Degree
High School				
Undergraduate College				
Graduate Professional				
Other (specify)				

Describe any special training, apprenticeship, skills and extra-curricular activities.

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Describe any job-related training received during employment or provided in the United States military.

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List professional, trade, business or civic activities and offices held.

*You may exclude membership which would reveal gender, race religion, national origin, age, ancestry, disability or other protected status:*

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# APPLICATION FOR EMPLOYMENT

## EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

<u>Employer</u>	<u>Dates Employed</u>	<u>Work Performed</u>
<hr/>		
Address		
<hr/>		
Telephone Number(s)		
<hr/>		
Job Title	Supervisor	Reason for Leaving

<u>Employer</u>	<u>Dates Employed</u>	<u>Work Performed</u>
<hr/>		
Address		
<hr/>		
Telephone Number(s)		
<hr/>		
Job Title	Supervisor	Reason for Leaving

<u>Employer</u>	<u>Dates Employed</u>	<u>Work Performed</u>
<hr/>		
Address		
<hr/>		
Telephone Number(s)		
<hr/>		
Job Title	Supervisor	Reason for Leaving

<u>Employer</u>	<u>Dates Employed</u>	<u>Work Performed</u>
<hr/>		
Address		



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_____ Telephone Number(s)		
_____ Job Title	_____ Supervisor	_____ Reason for Leaving

If you need additional space, please continue on a separate sheet of paper.

### ADDITIONAL INFORMATION

#### SPECIALIZED SKILLS / EQUIPMENT OPERATED

- Microsoft Word     Excel     Typewriter wpm\_\_\_\_     Fax  
 Direct Care     Passenger Van

State any additional information you feel may be helpful to us in considering your application.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### REFERENCES

1. \_\_\_\_\_  
(Name) Phone #

2. \_\_\_\_\_  
(Name) Phone #

3. \_\_\_\_\_



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## APPLICATION FOR EMPLOYMENT

(Name)

Phone #

Note to Applicants: IF YOU ARE BEING CONSIDERED FOR A POSITION WITH UNITED CEREBRAL PALSY YOU MUST PASS PRE-EMPLOYMENT TESTING.  
THIS MAY INCLUDE: (PHYSICAL/ PRE-PLACEMENT/ DRUG)

### FOR PERSONNEL DEPARTMENT USE ONLY

POSITION(S) APPLIED FOR IS OPEN     YES                       NO

INTERVIEWED BY: \_\_\_\_\_

DATES: \_\_\_\_\_