

Alan G. Ryle Companies

RESIDENTIAL DEVELOPERS, INC.
DEVELOPMENTAL FOUNDATIONS, INC.
SPECIALIZED DEVELOPMENTS, LTD.

COMMUNITY INTEGRATED LIVING ARRANGEMENTS (CILA)

Champaign, Monticello, Urbana, Decatur, Lincoln, Oblong, Rantoul, Danville, Clinton, Arcola, Charleston,
Cissna Park, Philo, Carlyle, St. Joseph, Ogden, Robinson, Mattoon

INTERMEDIATE CARE FACILITY FOR PERSONS WITH DEVELOPMENTAL DISABILITIES (ICF/DD)

University Park

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, sexual orientation, or any other legally protected status.

LAST NAME (please print)	FIRST NAME	MIDDLE	SOCIAL SECURITY #	TODAY'S DATE

SECTION BELOW FOR OFFICE USE ONLY

NURSE AIDE REGISTRY

217-782-3070

The Nurse Aide Registry was contacted on this date: _____

This individual is registered with the Nurse Aide Registry.

1. Certified as an Aide on: _____

2. Background Check on: _____

3. Confirmation Number: _____

No aide exists with this Social Security number.

Verified by: _____

Verifier, please attach Criminal Background report to application.

APPLICANT INFORMATION

Please print clearly and legibly

Position Applied For: _____
 Are you applying for a position at a specific home? _____
 If so, please state which Home: _____

LAST NAME	FIRST NAME	MIDDLE	PREFERRED NAME	SOCIAL SECURITY NUMBER
MAILING ADDRESS		CITY	STATE	ZIP CODE
				TELEPHONE NUMBER
				()

Have you ever applied for employment with this Organization? Yes No
 If yes, what month and year? _____ Location: _____

Have you ever been employed by this Organization? Yes No
 If so, dates of previous employment: _____ Location: _____

Position(s) held: _____

Supervisor(s) name: _____

EMPLOYMENT:

Type of employment desired 1st Shift (days) 2nd Shift (evenings) 3rd Shift (overnight)
(check all that apply)

Full Time (30-40 hours per week)
 Part Time (20-29 hours per week)
 Other (less than 20 hours per week or substitute)

Are you available to work on weekends (Friday night – Sunday night)? Yes No
 Are you available to work on holidays? Yes No
 On what date are you available to begin work? _____

Please write a phone number of where you can be reached and the best time to call: _____

Are you legally eligible for employment in the U.S.? Yes No
(Proof of citizenship or immigration status will be required upon employment.)

Are you at least 18 years of age? Yes No
 Do you have a HS diploma or GED? Yes No
 Are you currently employed? Yes No
 Are you currently on lay-off status and subject to recall? Yes No
 Do you have a valid driver's license? Yes No
 Have you ever been discharged from a position for making threats, fighting, or any incidents involving violence? Yes No

Employment History

Begin with your most recent or current employment, and continue with all past employment, including military experience (attach additional sheet if necessary). Explain any gaps in employment in comment section below. This section must be completed even if a resume is attached.

Name of Company	Dates Employed		Summarize the nature of the work performed and job responsibilities
Address	From	To	
Job Title	Starting Hourly Rate/Salary		
Immediate Supervisor and Title	\$	Per	
Telephone Number ()	May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		
Reason for Leaving	\$	Per	
Final Hourly Rate/Salary			
Name of Company	Dates Employed		Summarize the nature of the work performed and job responsibilities
Address	From	To	
Job Title	Starting Hourly Rate/Salary		
Immediate Supervisor and Title	\$	Per	
Telephone Number ()	May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		
Reason for Leaving	\$	Per	
Final Hourly Rate/Salary			
Name of Company	Dates Employed		Summarize the nature of the work performed and job responsibilities
Address	From	To	
Job Title	Starting Hourly Rate/Salary		
Immediate Supervisor and Title	\$	Per	
Telephone Number ()	May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		
Reason for Leaving	\$	Per	
Final Hourly Rate/Salary			
Name of Company	Dates Employed		Summarize the nature of the work performed and job responsibilities
Address	From	To	
Job Title	Starting Hourly Rate/Salary		
Immediate Supervisor and Title	\$	Per	
Telephone Number ()	May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		
Reason for Leaving	\$	Per	
Final Hourly Rate/Salary			

Comments on work history: (including explanation of any gaps in employment): _____

Educational Background

	Name and Location of School	Course of Study (Major/Minor)	# of Years Completed	Degree or Diploma Received
High School		<i>Not applicable</i>		<input type="checkbox"/> Yes <input type="checkbox"/> No
College				Type:
Vocational/Trade School				Type:
Other				Type:
Other				Type:

Skills and Qualifications: If applicable, summarize any special skills or qualifications acquired from employment, education, or other experiences that may qualify you to work with our company.

Special Accomplishments: If applicable, list special accomplishments, publications, and awards. (Do not include any information that would reveal race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status).

Additional Information: List any additional information you would like us to consider. _____

References

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

Name and Title	Type of Reference	Telephone	Years Known
		()	
		()	
		()	

Applicant: Please read the following and sign your name to indicate agreement.

1. I hereby certify, under penalty of immediate dismissal if hired, that information in this application for employment, and any related interviews, is true, correct, and complete.
2. I understand that inquiries may be made of former employers or their agents, for references, and of others with whom I am or have been acquainted. I understand that those inquiries include information regarding my character, integrity, and overall working aptitude.
3. If I am accepted for employment with this agency, I agree to read and abide by its personnel policies, and to attend orientation and in-service education programs as required.
4. I understand that any offer of employment is subject to any and all health exams, required at the time, determining that I am physically and mentally able to perform the essential functions of my job assignment.
5. I understand that the acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future.
6. I hereby authorize the release of any information requested on this form.
7. If an offer of employment is made and accepted, I authorize the release of my employment history to the employer for job reference information. It is also my understanding I can rescind this authorization in writing at any time.
8. I understand, if selected for employment, I must supplement the information contained in the application when changes occur.
9. I understand that this application is not an offer of employment and that any potential employment relationship is strictly on an "at-will" basis.

Signature of Applicant _____

Date _____

Reference Check Results (for office use only)

1. Employee Reference

- Company/Person Contacted: _____
- Dates of Employment: _____
- Title of Position: _____
- Did applicant work well without supervision? Yes No
- Did applicant have frequent absences? Yes No
- Did applicant leave your company on good terms and with notice? Yes No
- Is applicant eligible for rehire? Yes No

2. Employee Reference

- Company/Person Contacted: _____
- Dates of Employment: _____
- Title of Position: _____
- Did applicant work well without supervision? Yes No
- Did applicant have frequent absences? Yes No
- Did applicant leave your company on good terms and with notice? Yes No
- Is applicant eligible for rehire? Yes No

3. Employee Reference

- Company/Person Contacted: _____
- Dates of Employment: _____
- Title of Position: _____
- Did applicant work well without supervision? Yes No
- Did applicant have frequent absences? Yes No
- Did applicant leave your company on good terms and with notice? Yes No
- Is applicant eligible for rehire? Yes No

**AUTHORIZATION FOR RELEASE OF INFORMATION
(EMPLOYMENT PURPOSE)**

**TO BE COMPLETED BY APPLICANT/EMPLOYEE
(PLEASE PRINT LEGIBLY OR TYPE)**

NAME _____
 Last Name First Name Middle Initial

*DATE OF BIRTH: ____/____/____ SOCIAL SECURITY #: _____
 Month Day Year

DRIVER'S LICENSE #: _____ STATE: _____

ADDRESS: _____
 Street Address

City State Zip Code

APPLICANT/EMPLOYEE SIGNATURE: _____

*This information is requested solely for purposes of ensuring accurate retrieval of records.

APPLICANT AUTHORIZATION

1. Without reservation, I authorize this employer or any party or agency contacted by this employer to procure reports regarding Social Security Number, Nurse Aide Registry, criminal, motor vehicle, employment or other history. I understand that inquiries may be made to various federal and state agencies, employers, references, and others seeking information as to my employment status, and general reputation.
2. Under provisions of the Fair Credit Reporting Act, certain information, when used for employment purposes, is considered to be a consumer report. This information includes, but is not limited to, public record information (criminal history, civil litigation, etc.), driving records, education records, and employment records. If an adverse employment decision is made due, in whole or in part, to information received as a result of these inquiries, I will be provided with a copy of the reports and a summary of my rights under the Fair Credit Reporting Act.
3. I understand this authorization will remain in effect throughout the period of my employment, unless otherwise revoked by me in writing.

TO BE COMPLETED BY EMPLOYER (PLEASE PRINT LEGIBLY OR TYPE)

Company/Organization: _____

Mailing Address: _____

Contact Person: _____

Telephone #: _____ FAX #: _____



Health Care Worker Background Check

Authorization and Disclosure for Criminal History Records Information (CHRI) Check

I hereby authorize the Illinois Department of Public Health (the Department), the Department's designee, educational entities that train and/or test health care workers, staffing agencies, my current or potential employer, or a health care facility where I want to volunteer to initiate/request a CHRI check on me. I further authorize the Illinois State Police (ISP) and/or the Federal Bureau of Investigation (FBI) to release information relative to the existence or nonexistence of any criminal record, which it might have concerning me, to any initiator/requestor solely to determine my suitability for training or testing in a health care training program, employment, continued employment, or to work as a volunteer. I further authorize any entity that maintains criminal records relating to me, including but not limited to a local unit of government in any State, to release those records to

the ISP, FBI, or the Department. I authorize the Department to provide any health care facility, training program, or staffing agency, to which I have provided this authorization and disclosure form, a copy of my ISP CHRI and a determination of eligibility of the FBI CHRI. I certify that the ISP, FBI, any entity that maintains criminal records, the Department, and any of their employees or officers who furnish this information shall be held harmless from all liability, which may be incurred as a result of releasing such information. I further acknowledge that a educational entity or health care employer shall not be liable for the failure to hire or retain me as an applicant, student, employee, or volunteer if I have been convicted of committing or attempting to commit one or more of the offenses stated in the Health Care Worker Background Check Act (225 ILCS 46/25). I understand that false statements or deliberate omissions on this document may be grounds for disqualification from employment, training, or volunteering, if discovered after employment, training, or volunteering begins, and can result in discipline up to and including my termination of employment, being a volunteer, or a student.

I understand that the information requested below regarding gender, race, height, eye color, hair color, weight, place of birth and date of birth is for the sole purpose of identification and the accurate gathering of the criminal history record information, and that it will not be used to discriminate against me in violation of the law. I understand that the provision of my Social Security number is required by law. A facsimile or photographic copy of this authorization will be as valid as the original.

First Name _____ Full Middle Name _____ Last Name _____

Mailing Address _____ City _____ State: _____ Zip Code _____

Other Names Used _____ Telephone _____ - _____ - _____

States Where You Have Lived? _____ Place of Birth (State or Country if not US): _____ Hair Color _____ Weight _____

____ Male ____ Female Date of Birth _____ Height _____ Eye Color _____ Social Security Number _____ - _____ - _____

- | | | |
|------|----------|---|
| Race | A | Chinese, Japanese, Filipino, Korean, Polynesian, Indian, Indonesian, Asian Indian, Samoan, or any other Pacific Islander. |
| | B | Black or African American (Not Hispanic or Latino) |
| | H | Hispanic or Latino (Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin) |
| | I | American Indian, Eskimo, or Alaskan native, or a person having origins in any of the 48 contiguous states of the United States or Alaska who maintains cultural identification through tribal affiliation or community recognition. |
| | U | Of undeterminable race. Of Untold mixture. |
| | W | Caucasian (not Hispanic or Latino) |

Have you ever had an administrative finding of Abuse, Neglect or Theft? ____ Yes ____ No If "Yes," give full details and state. Continue on back if more space is needed.

Have you ever been convicted of a criminal offense other than a minor traffic violation (do not include convictions that have been expunged, sealed or adjudicated delinquent)? ____ Yes ____ No If "Yes," give full details of each offense and the state in which convicted. Continue on back if more space is needed.

I certify that the above is true and correct and give my consent for my name to appear on Department's Health Care Worker Registry with the results of my criminal history records check.

(Signature)

(Date)

As the parent or guardian of the above named individual, who is younger than the age of 17, I give my consent for this named individual to have a criminal history records check.

(Signature of Parent or Guardian when applicable)

(Date)

State of Illinois
Department of Children and Family Services

AUTHORIZATION FOR BACKGROUND CHECK
Child Abuse and Neglect Tracking System (CANTS)
For Programs NOT Licensed by DCFS

NOTE: Do not use this form if you are an applicant for licensure or an employee/volunteer of a licensed child care facility. Please contact your licensing representative.

Name: _____
Last First Middle

Date of Birth: - - Gender: Male Female Race: _____

Current Address: _____
Street/Apt #

City State Zip Code

If you currently reside in Illinois, please list all previous addresses for the past five years.

OR
If you currently reside out-of-state, please provide ALL Illinois addresses in which you did reside while living in Illinois.

(Street/Apt#/City/County/State/Zip Code)	Dates From/To
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

List maiden name and/or all other names by which you have been known: (last, first, middle)

_____	_____
_____	_____
_____	_____
_____	_____

I hereby authorize the Illinois Department of Children and Family Services to conduct a search of the Child Abuse and Neglect Tracking system (CANTS) to determine whether I have been a perpetrator of an indicated incident of child abuse and/or neglect or involved in a pending investigation. I further consent to the release of this information to the agency listed below.

Signed _____ Date _____

Submit by mail OR fax OR email.
Mail to: Department of Children and Family Services 406 E. Monroe - Station # 30 Springfield, IL 62701
FAX to: 217-782-3991
Scan/Email to: CFS689Background@illinois.gov

Please type, use bold letters or label:

217-398-0944 (Submitting Agency Fax Number)

solson@ryle.com (Submitting Email Address)

ALAN G RYLE CO-- RD/DF/SD (Agency Name)

SHERRY NEWTON (Contact Person)

4102 BELMONT PT (Address)

CHAMPAIGN, IL 61822 (City/State/Zip)

Print Form