



alan g. ryle companies

**RD
DFI
SD**

APPLICATION FOR EMPLOYMENT

Residential Developers, Inc.
Developmental Foundations, Inc.
Specialized Developments, Ltd.

Please check all locations where you are interested in working:
(all are in Illinois)

COMMUNITY INTEGRATED LIVING ARRANGEMENTS (CILA)

- | | | | |
|--------------------------------------|-----------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> Arcola | <input type="checkbox"/> Clinton | <input type="checkbox"/> Mattoon | <input type="checkbox"/> Philo |
| <input type="checkbox"/> Champaign | <input type="checkbox"/> Danville | <input type="checkbox"/> Monticello | <input type="checkbox"/> Rantoul |
| <input type="checkbox"/> Charleston | <input type="checkbox"/> Decatur | <input type="checkbox"/> Oblong | <input type="checkbox"/> Robinson |
| <input type="checkbox"/> Cissna Park | <input type="checkbox"/> Lincoln | <input type="checkbox"/> Ogden | <input type="checkbox"/> St. Joseph |
| | | | <input type="checkbox"/> Urbana |

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

- University Park

We are an equal opportunity employer and do not unlawfully discriminate in employment. This application is not used for the purpose of limiting or excluding any applicant from consideration for employment on any basis prohibited by local, state or federal law. Reasonable accommodation is provided upon request.

Human Resources Department
4102 Belmont Point, Champaign, IL 61822
Phone: 1-800-880-6571
www.ryle.com

Applicant Information

Please print clearly and legibly.

Position Applied For and Location(s): _____

LAST NAME	FIRST NAME	MIDDLE	PREFERRED NAME	LANDLINE PHONE NUMBER
				()
MAILING ADDRESS		CITY	STATE	ZIP CODE
				CELL/TEXT NUMBER
				()

Have you ever applied for employment by Residential Developers, Developmental Foundations, and/or Specialized Developments? Yes No

If yes, what year(s)? _____ Location(s): _____

Have you ever been employed by Residential Developers, Developmental Foundations, and/or Specialized Developments? Yes No

If so, dates of previous employment: From: _____ To: _____ Location(s): _____

Position(s) held: _____

Supervisor(s) name: _____

EMPLOYMENT:

Availability (check all that apply) 1st Shift (days) 2nd Shift (evenings) 3rd Shift (overnight)

- 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 shifts 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? _____

Upon hire, can you provide proof that you are 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

Upon hire, can you provide proof of a high school diploma or GED? Yes No

Are you currently employed? 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		Job Duties
Address	From	To	
Job Title			
Immediate Supervisor and Title			
Telephone Number ()	May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		
Reason for Leaving			
Name of Company	Dates Employed		Job Duties
Address	From	To	
Job Title			
Immediate Supervisor and Title			
Telephone Number ()	May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		
Reason for Leaving			
Name of Company	Dates Employed		Job Duties
Address	From	To	
Job Title			
Immediate Supervisor and Title			
Telephone Number ()	May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		
Reason for Leaving			
Name of Company	Dates Employed		Job Duties
Address	From	To	
Job Title			
Immediate Supervisor and Title			
Telephone Number ()	May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		
Reason for Leaving			

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.

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 _____

**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: _____

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 any 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.

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

Signed _____ Date _____

Please type, use bold letters or label:

217-398-0944 (Submitting Agency Fax Number)

cdavis@ryle.com (Submitting Email Address)

ALANGRYLE CO - RD/DF/SD (Agency Name)

SHERRY NEWTON (Contact Person)

4102 BELMONT PT (Address)

CHAMPAIGN, IL 61822 (City/State/Zip)

Print Form