



The Douglas Center

A ray of light for individuals with special needs

www.thedouglascenter.com

3445 Howard Street

Skokie, Illinois 60076

Office: (847) 674-1921

Fax: (847) 679-1823

EMPLOYMENT

APPLICATION

Our Mission

The mission of The Douglas Center's day program is to provide Work Programs, Developmental Rehabilitation, Vocational skills training and a Seniors Program to adults living with Developmental Disabilities and Mental health issues, and to enhance and enrich their quality of life.

Applicant Profile

Date: _____ **Position Applying for:** _____

First Name: _____ **Last Name:** _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Home Phone: (____) _____ **Cell Phone:** (____) _____

Email Address: _____

Salary Requirements: _____ per hour **OR** _____ Annually

How did you hear about The Douglas Center? *(Please check one)*

- Company Website
- Newspaper or Online Ad:
 - Source: _____
- Employee Referral
 - Name of Employee: _____
- Other: _____

Background Information

Are you at least 18 years of age or older? _____ Yes _____ No *(Please check one)*

Have you ever worked or applied at The Douglas Center before? *(Please check one)*
Yes _____ Date(s) applied or worked: _____ No: _____

Are you legally eligible for employment in the United States? _____ Yes _____ No
(Please check one)

(Note: Employment is subject to verification of U.S. citizenship or authorized alien status in accordance with the Immigration Reform and Control Act of 1986.) The Douglas Center participates in E-Verify

Have you ever pled guilty to or been convicted of any crimes, other than minor traffic violations? *(Please check one)* _____ Yes _____ No

If yes, state the nature, date and location of the offense(s), and the disposition of the case, including any prison term or other sentence imposed:

(Note: Do not include criminal history record information ordered expunged, sealed or impounded under the Illinois Criminal Identification Act. Applicants who have pled guilty to or have been convicted of a criminal offense will not automatically be denied employment.)

Availability

Please check one: Full Time (30-40 hours per week) Part Time (Less than 30 hours per week)

*Please indicate the hours you are available to work (i.e. 9am-4pm or N/A)

	Monday	Tuesday	Wednesday	Thursday	Friday
Start Time					
End Time					

Education Summary

	Address City, State, Zip Code	Attended Circle one	Degree Received	graduate?
High School		1 2 3 4		<input type="checkbox"/> Yes <input type="checkbox"/> No
College / University		1 2 3 4		<input type="checkbox"/> Yes <input type="checkbox"/> No
Other		1 2 3 4		<input type="checkbox"/> Yes <input type="checkbox"/> No

Please list 3 references that have knowledge of your work experience. Do not list family members or relatives.

Name	Relationship	Phone Number	E-Mail Address	Years Known

Personal References

Work Experience

3

Employer 1: _____

Work Experience

Please list your employment history beginning with your MOST recent employer

Employer 3: _____ (ually)

Address: _____

City: _____ State: _____ Zip Code: _____

Job Title: _____ Salary \$ _____ (per hour) or (Annually)

Briefly describe your main duties:

Supervisor's Name: _____

Phone #: _____ Dates Employed _____ to _____

Reason for Leaving: _____

May we contact this employer: Yes No

Please list any related certificates, licenses, or registrations that you currently hold that are relevant.

Job Title: _____ Salary \$ _____ (per hour) or (Annually)

Briefly describe your main duties:

Supervisor's Name: _____

Phone #: _____ Dates Employed _____ to _____

Reason for Leaving: _____

May we contact this employer: Yes No

(i.e. CPR, First Aid, etc.)

Certificate/License/ Registration	Date Expires	Institution Received From
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Are there any job related experiences, skills or qualifications which will be of special benefit in the job for which you are applying?

Authorization to Release Information

Please read and sign below

To the best of my knowledge, I certify that I have not knowingly withheld any information that might adversely affect my chances for employment with The Douglas Center and that the information given by me is true and correct. I understand that any false, misleading or incomplete statements made as part of this application, during any part of the interview process or omission of information may be considered sufficient reason for immediate termination.

I authorize the designated personnel of The Douglas Center to investigate my references, work history, education, and criminal background information and to make inquiries of courts and law enforcement agencies resulting from such investigations. Information furnished or recovered as a result of any inquiry will not necessarily prelude employment, but will be considered part of an overall evaluation of my qualifications relevant to the position.

I authorize and release any entities furnishing The Douglas Center with past history information from any and all claims and liabilities arising out of or in any way related to such investigation or disclosure.

I understand that nothing on the application is intended to create or imply a contractual relationship, if hired. I understand that employment is at will and can be terminated with or without reason at any time. Only a written agreement signed by the Chief Executive Officer can change my stature. Upon termination, I authorize the release of reference information on my work and I hold The Douglas Center harmless for the release of the information.

Applicant Name: _____

Applicant Signature: _____

Date: _____