



Big Meadows

1000 Longmoor Avenue, Savanna IL 61074

Application for Employment

| | | | |
|------------------------|---------------|--------|---------------------------|
| Last Name | First | Middle | Date |
| Street Address | | | Home Telephone () |
| City, State, Zip | | | Business Telephone () |
| Social Security Number | Email Address | | Cell Phone () |

Have you ever applied for employment with us? YES NO
 If yes: Month and Year _____ Location _____

Position Desired: _____ Shift Desired: _____ Desired Rate of Pay: _____

After reviewing the job description(s), can you perform the functions of the job(s) for which you are applying? YES NO
 If no, could you do so with reasonable accommodation? YES NO
 If yes, describe type of accommodation needed: _____

If applying for a Nursing Assistant position, are you certified? YES NO

Apart from absence for religious observance, are you available for full-time work? YES NO
 If not, what hours can you work? _____
 Will you work overtime if necessary? YES NO
 When will you be available to begin work? _____

Are you legally eligible for employment if the United States? YES NO

How did you learn of an opening? _____

If you are under 18 years of age, can you provide required proof of your eligibility to work? YES NO

| Level of Education | Name and Location of School | Course of Study | # of years completed | Did you Graduate? |
|-----------------------|-----------------------------|-----------------|----------------------|-------------------|
| Graduate College | | | | |
| Business/Trade School | | | | |
| High School | | | | |

EMPLOYMENT

Please give accurate, complete full-time and part-time employment record. Start with your present or most recent employer.

| | |
|---|---|
| (1) Company Name | Telephone |
| Address | Employed—(State month, year) From To: |
| Name of Supervisor | Rate of Pay Start Last |
| Job Title and Describe your work | Reason for Leaving OK to contact employer? Yes or No |

| | |
|---|---|
| (2) Company Name | Telephone |
| Address | Employed—(State month, year) From To: |
| Name of Supervisor | Rate of Pay Start Last |
| Job Title and Describe your work | Reason for Leaving OK to contact employer? Yes or No |

| | |
|---|---|
| (3) Company Name | Telephone |
| Address | Employed—(State month, year) From To: |
| Name of Supervisor | Rate of Pay Start Last |
| Job Title and Describe your work | Reason for Leaving OK to contact employer? Yes or No |

| | |
|---|---|
| (4) Company Name | Telephone |
| Address | Employed—(State month, year) From To: |
| Name of Supervisor | Rate of Pay Start Last |
| Job Title and Describe your work | Reason for Leaving OK to contact employer? Yes or No |

| | |
|----------------------------|--|
| PERSONAL REFERENCES | (No relatives or previous supervisors) |
|----------------------------|--|

| Name | City/State | Phone | Years Acquainted |
|------|------------|-------|------------------|
| 1. | | | |
| 2. | | | |
| 3. | | | |

Big Meadows Inc. does not discriminate in hiring or any other decision on the basis of race, color, sex, citizenship, national origin, ancestry, or on the basis of age or mental or physical disability, including pregnancy, unrelated to the ability to perform the work required. No question on this application is intended to secure information to be used for such discrimination.

I voluntarily give Big Meadows, Inc. the right to make a thorough investigation of my past employment and activities, including criminal, and I agree to cooperate in such investigation and release from all liability or responsibility all persons, companies or corporations supplying such information. I understand that this investigation, if hired, will consist of initiating a fingerprint-based criminal history records check from both the Illinois State Police and the FBI. If hired, I consent to a physical examination and understand that my employment offer will be contingent on passing the physical examination, and such future physical examinations as may be required by Big Meadows, Inc. in accordance with its policies and with the regulatory agency.

I understand that I must successfully pass a drug screen to be employed with this organization.

I understand that my employment is at will, and that either party is free to terminate the employment relationship at any time without cause. I also understand that my employment may be terminated for any misrepresentation or omission of fact appearing on this application.

If employed, I will be required to complete an Employment Verification Form (I-9) and within three days show satisfactory evidence of identity and eligibility for employment.

Signature of Applicant _____
Date

OFFICE USE ONLY

Beginning Date _____
of Employment _____ Position _____

Contacted registry: Date _____ Time _____ Answer _____

Starting Wage _____ Circle one: Full-time Part-time

Confirmation of Education completed _____