

EMPLOYMENT HISTORY

LIST BELOW PRESENT AND PAST EMPLOYMENT, BEGINNING WITH YOUR MOST RECENT.

1	NAME/ADDRESS OF EMPLOYER AND TYPE OF BUSINESS	FROM		TO		WEEKLY STARTING SALARY	WEEKLY LAST SALARY	REASON FOR LEAVING	NAME OF SUPERVISOR
		MO	YR	MO	YR				
		DESCRIBE THE WORK YOU DID:							
	PHONE:								
	I hereby give permission to contact this employer for a reference. YES <input type="checkbox"/> NO <input type="checkbox"/>								

2	NAME/ADDRESS OF EMPLOYER AND TYPE OF BUSINESS	FROM		TO		WEEKLY STARTING SALARY	WEEKLY LAST SALARY	REASON FOR LEAVING	NAME OF SUPERVISOR
		MO	YR	MO	YR				
		DESCRIBE THE WORK YOU DID:							
	PHONE:								
	I hereby give permission to contact this employer for a reference. YES <input type="checkbox"/> NO <input type="checkbox"/>								

3	NAME/ADDRESS OF EMPLOYER AND TYPE OF BUSINESS	FROM		TO		WEEKLY STARTING SALARY	WEEKLY LAST SALARY	REASON FOR LEAVING	NAME OF SUPERVISOR
		MO	YR	MO	YR				
		DESCRIBE THE WORK YOU DID:							
	PHONE:								
	I hereby give permission to contact this employer for a reference. YES <input type="checkbox"/> NO <input type="checkbox"/>								

4	NAME/ADDRESS OF EMPLOYER AND TYPE OF BUSINESS	FROM		TO		WEEKLY STARTING SALARY	WEEKLY LAST SALARY	REASON FOR LEAVING	NAME OF SUPERVISOR
		MO	YR	MO	YR				
		DESCRIBE THE WORK YOU DID:							
	PHONE:								
	I hereby give permission to contact this employer for a reference. YES <input type="checkbox"/> NO <input type="checkbox"/>								

5	NAME/ADDRESS OF EMPLOYER AND TYPE OF BUSINESS	FROM		TO		WEEKLY STARTING SALARY	WEEKLY LAST SALARY	REASON FOR LEAVING	NAME OF SUPERVISOR
		MO	YR	MO	YR				
		DESCRIBE THE WORK YOU DID:							
	PHONE:								
	I hereby give permission to contact this employer for a reference. YES <input type="checkbox"/> NO <input type="checkbox"/>								

RECORD OF EDUCATION

SCHOOL	NAME/ADDRESS OF SCHOOL	COURSE OF STUDY	INDICATE LAST YEAR COMPLETED (EXCEPT FOR HS)	DID YOU GRADUATE?	LIST DIPLOMA/DEGREE
HIGH SCHOOL				YES <input type="checkbox"/> NO <input type="checkbox"/>	
COLLEGE				YES <input type="checkbox"/> NO <input type="checkbox"/>	
COLLEGE				YES <input type="checkbox"/> NO <input type="checkbox"/>	
OTHER (SPECIFY)				YES <input type="checkbox"/> NO <input type="checkbox"/>	

PROFESSIONAL REFERENCES

NAME/OCCUPATION	PHONE		EMAIL
	Cell		
	Other		
	Cell		
	Other		
	Cell		
	Other		

PLEASE READ AND SIGN BELOW

PURSUANT TO ILLINOIS LAW: I hereby waive my right to written notice by my present and/or former employers whenever a disciplinary report, letter of reprimand, or other disciplinary action regarding me is divulged to you by present or former employers. YES NO

X _____
Signature of Applicant

PLEASE READ AND SIGN BELOW

The facts set forth in my application for employment are true and complete. I understand that if employed, any false statement on this application may result in my dismissal. I further understand that this application is not and is not intended to be a contract of employment, nor does this application obligate the employer in any way if the employer decides to employ me. I understand and agree that my employment is at-will and can be terminated by either party with or without notice, at any time, for any reason or no reason. No one other than an administrator of the Agency has any authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing.

X _____
Signature of Applicant

PLEASE ANSWER THE FOLLOWING QUESTIONS

WHY DO YOU WANT TO WORK AT THE WILLIAM M. BEDELL ARC?

HOW DID YOU HEAR ABOUT THE POSITION AT THE WILLIAM BEDELL ARC?

HOW WOULD YOU DESCRIBE YOURSELF?

DESCRIBE YOUR EXPERIENCE WITH PEOPLE WHO HAVE DEVELOPMENTAL DISABILITIES: