

Office Use Only

# Application for Employment

Authorization to Hire  
CRIS Employee

Prospective employees will receive consideration without discrimination based on race, creed, color, sex, age, national origin, handicap, veteran status, or any condition prescribed by state or local law.

Position \_\_\_\_\_

Name \_\_\_\_\_ Date \_\_\_\_\_

Salary Hourly Yearly  
(Circle One)

Address \_\_\_\_\_

\$ \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Full Time Part Time  
(Circle One)

Home Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

Supervisor Signature \_\_\_\_\_

Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Driver's License # \_\_\_\_\_

Department \_\_\_\_\_

Position applying for \_\_\_\_\_ Full Time   
Part Time

Date you will be available to begin work \_\_\_\_\_

Attached Documentation:

Are there any hours/days you cannot work? \_\_\_\_\_

- Resume
- Reference Checks
- Background Check
- Transcripts
- Drug Test Scheduled  
(Transportation Only)

Are you legally eligible for employment in the United States?  Yes  No

Do you have a CDL?  Yes  No Passenger Endorsement  Yes  No

Have you ever been convicted of a felony?  Yes  No

If yes, please explain \_\_\_\_\_

*After review of the attached documentation, I authorize the hiring of the applicant as of*

## Educational Background

### High School

Name and Location \_\_\_\_\_

Course of Study \_\_\_\_\_ Did you graduate  Yes  No Degree \_\_\_\_\_

### College/University

Name and Location \_\_\_\_\_

Course of Study \_\_\_\_\_ Did you graduate  Yes  No Degree \_\_\_\_\_

### Graduate/Professional

Name and Location \_\_\_\_\_

Course of Study \_\_\_\_\_ Did you graduate  Yes  No Degree \_\_\_\_\_

Describe any specialized training, apprenticeships, and extra curricular activities:  
\_\_\_\_\_

Date \_\_\_\_\_

Executive Director \_\_\_\_\_

**CRIS  
Healthy-Aging  
Center**

309 N. Franklin St.  
Danville, IL 61832  
(217) 443-2999

# Previous Employers and Addresses

Place an  by the employer(s) you do **NOT** want us to contact. List the most recent employer first

1. Company Name \_\_\_\_\_ Phone (    ) \_\_\_\_\_

Contact Name \_\_\_\_\_

Address \_\_\_\_\_ Employed From \_\_\_\_\_ / \_\_\_\_\_ To \_\_\_\_\_ / \_\_\_\_\_

Position \_\_\_\_\_ Last Wage \$ \_\_\_\_\_ Hourly/Salary

Reason for leaving \_\_\_\_\_

2. Company Name \_\_\_\_\_ Phone (    ) \_\_\_\_\_

Contact Name \_\_\_\_\_

Address \_\_\_\_\_ Employed From \_\_\_\_\_ / \_\_\_\_\_ To \_\_\_\_\_ / \_\_\_\_\_

Position \_\_\_\_\_ Last Wage \$ \_\_\_\_\_ Hourly/Salary

Reason for leaving \_\_\_\_\_

3. Company Name \_\_\_\_\_ Phone (    ) \_\_\_\_\_

Contact Name \_\_\_\_\_

Address \_\_\_\_\_ Employed From \_\_\_\_\_ / \_\_\_\_\_ To \_\_\_\_\_ / \_\_\_\_\_

Position \_\_\_\_\_ Last Wage \$ \_\_\_\_\_ Hourly/Salary

Reason for leaving \_\_\_\_\_

## APPLICANT'S STATEMENT

I certify the answers given here are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as it may be necessary in arriving at an employment decision. I understand this application is not intended to be a contract of employment.

In any event of employment, I understand that false or misleading information given in my application, submitted resumes, or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Corporation.

CRIS Rural Mass Transit District does not discriminate in admission in programs or treatment of employment in programs in compliance with the Illinois Human Rights Act; Section 504 of the Rehabilitation Act; the Age Discrimination in Employment Act; and U.S. and Illinois Constitutions. If you feel you have been discriminated against, you have the right to file a complaint. For information, call CRIS Rural Mass Transit District at 217-344-4287 or 217-443-2999.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_