

Office Use Only

Authorization to Hire
CRIS Employee

Position

Salary Hourly Yearly
(Circle One)

\$ _____

Full Time Part Time
(Circle One)

Supervisor Signature

Department

Attached Documentation:

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

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

Date

Executive Director

**CRIS
Healthy-Aging
Center**

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

Application for Employment

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.

Name _____ Date _____

Address _____

City _____ State _____ Zip _____

Home Phone () _____ Cell Phone () _____

Social Security # _____ - _____ - _____ Driver's License # _____

Position applying for _____ Full Time
Part Time

Date you will be available to begin work _____

Are there any hours/days you cannot work? _____

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

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

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:

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 _____

Reason for leaving _____

2. Company Name _____ Phone () _____

Contact Name _____

Address _____ Employed From _____ / _____ To _____ / _____

Position _____

Reason for leaving _____

3. Company Name _____ Phone () _____

Contact Name _____

Address _____ Employed From _____ / _____ To _____ / _____

Position _____

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 _____