



APPLICATION PACKET

Thank you for your interest in employment at Hope Creek Care Center. This packet contains an application form, employment record form and two reference forms. These documents are important evaluation tools that help our staff determine your potential for employment at Hope Creek. Please review the following tips to ensure your application is completed successfully:

- The application must be filled out in its entirety. Applications that are missing information will not be considered.
- Two reference forms must be completed. The names of two current or former employers are to be provided. You may also provide a professional reference in place of an employer if you have minimal employment history.
- If you would like to be notified of your application status, please include your e-mail address in the top section of the application. Upon final review, notification will be provided to all applicants.
- If applying for a position in our Nursing Department, please provide a copy of your current license or certification.

Thank you for your interest in Hope Creek Care Center and good luck! You may deliver completed applications in person or by mail to HR Department, Hope Creek Care Center, 4343 Kennedy Drive, East Moline, IL 61244. For questions, please contact the Human Resources Department at (309) 796-6720 or sgomez@co.rock-island.il.us

Application Checklist

- Employment Application
- Employment Record
- References – two sheets



County of Rock Island, Illinois

EMPLOYMENT APPLICATION

THE COUNTY OF ROCK ISLAND IS AN EQUAL OPPORTUNITY / REASONABLE ACCOMODATION EMPLOYER
 County of Rock Island, Human Resource Department, 1504 Third Avenue, Rock Island, IL 61201
 HR Department (309) 558-3610 / Fax (309) 558-3587

INSTRUCTIONS: Answer all questions completely and honestly. Type or print all answers. Sign the application and any supplemental forms. An applicant will not be considered without a completed application. Resumes are accepted, but only in addition to the application. Any omission, mis-statement, or falsification may be cause for you to be removed from further consideration in the employment process or discharged from County service. Applications must be received by the posted deadline, whether submitted in person, by fax, or by e-mail. The County of Rock Island is not responsible for applications that are not received by the posted deadline.

General Information			
Position Applying For:		Date Available:	
Name: <div style="display: flex; justify-content: space-between; width: 100%;"> (First) (Middle Initial) (Last) </div>			
Address:			
City:	State:	Zip Code:	
Telephone:		Other Phone:	
E-Mail Address:			
Have you ever used or been known by any other names? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Names:			
How were you referred to this position?			
Desired Salary:		Minimum Salary Acceptable (Optional):	

Have ever been employed by Rock Island County? Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes: Position: _____ Date(s): _____
Have you ever been terminated, discharged, or asked to resign from any employment? Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please briefly explain:
Are you related to any County employee or elected official? Yes <input type="checkbox"/> No <input type="checkbox"/>

In the last seven years have you ever been convicted of a violation of law other than a minor traffic violation? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please _____ (The term "convicted" includes any conviction, a guilty plea, a no contest plea, a suspended sentence, or a deferred judgment. Conviction of a crime does not necessarily constitute automatic bar from employment.)
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<p style="text-align: center;">I will accept (check all that apply):</p> <table style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <p>Regular</p> <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time</td> <td style="width: 50%; vertical-align: top;"> <p>Temporary</p> <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal</td> </tr> </table> <p>Shift: Days <input type="checkbox"/> Evenings <input type="checkbox"/> On Call <input type="checkbox"/></p> <p>Date available to start work:</p>	<p>Regular</p> <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	<p>Temporary</p> <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal	<p style="text-align: center;">Do you have a legal right to work in the U.S.?</p> <p style="text-align: center;">Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>All new hires will be required to submit verification of the legal right to work in the United States within (3) business days of employment. In accordance with the Immigration Reform and Control Act of 1986 we are legally prohibited from employing anyone who cannot provide such verification.</p> <p style="text-align: center;">Are you 18 years of age or older?</p> <p style="text-align: center;">Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>Regular</p> <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	<p>Temporary</p> <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal		

EDUCATION, TRAINING, AND SKILLS

Proof of education and/or professional certifications may be required prior to hire.

Driver's License Information:

Do you have a valid driver's license?	State:	CDL?
Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>
List any CDL endorsements:		

Do you have a high school diploma or G.E.D.? Yes No

If no, please indicate the highest grade completed:

Education Information:

Name of High School / College / University:	Major:	Type of Degree:	Degree Completed:	Credit Hours:
			Yes <input type="checkbox"/> No <input type="checkbox"/>	
			Yes <input type="checkbox"/> No <input type="checkbox"/>	
			Yes <input type="checkbox"/> No <input type="checkbox"/>	
			Yes <input type="checkbox"/> No <input type="checkbox"/>	

Professional Registrations, Licenses, and/or Certifications that relate to this position:

Type of Professional Registration, License, and/or Certification:	License Number (if applicable):	Date Received:	Expiration Date (if applicable):

List any specialized training you have received that relates to this position:

List equipment and/or computer software applications you are proficient in operating that relate to this position:

EMPLOYMENT HISTORY

Begin with your present or most recent employer. List all jobs, paid or volunteer, over the last ten years. Include experience prior to ten years ago if it relates to the position to which you are applying. Your qualifications will be evaluated based in part on the information you provide on this application form.

Employer:	Phone #
Position Title:	Employment Dates (mo/yr) From: To:
Address:	City: State: Zip:
Direct Supervisor:	Phone #
Annual Salary:	Hours per week:
Job Duties:	May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>

Reason for leaving or wanting to leave?

Employer:	Phone #
Position Title:	Employment Dates (mo/yr) From: To:
Address:	City: State: Zip:
Direct Supervisor:	Phone #
Annual Salary:	Hours per week:
Job Duties:	May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>

Reason for leaving or wanting to leave?

Employer:	Phone #
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Address:	City: State: Zip:
Direct Supervisor:	Phone #
Annual Salary:	Hours per week:
Job Duties:	May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>

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Position Title:	Employment Dates (mo/yr) From: To:
Address:	City: State: Zip:

Direct Supervisor:	Phone #
Annual Salary:	Hours per week:
Job Duties:	May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>
Reason for leaving or wanting to leave?	

PROFESSIONAL REFERENCES – PROVIDE AT LEAST THREE

Name:	Contact number:
Address:	Relationship:

Name:	Contact number:
Address:	Relationship:

Name:	Contact number:
Address:	Relationship:

Name:	Contact number:
Address:	Relationship:

I hereby certify that the statements made on this employment application are accurate and complete to the best of my knowledge. I understand that if I provide any false, inaccurate, incomplete, or misleading information I may not be eligible for employment and if hired I will be subject to termination.

_____ Date: _____
Signature

If completed electronically: By checking the signature box and typing my name, I electronically affix my signature to this employment application:

Signature: Name: _____ Date: _____

REFERENCES



HOPE CREEK CARE CENTER 4343 KENNEDY DRIVE, EAST MOLINE, IL 61244 (309) 796-6600 (309) 796-6601 FAX WWW.HOPECREEKCARE.COM

TO BE COMPLETED BY APPLICANT

NAME OF PREVIOUS EMPLOYER _____

NAME OF HUMAN RESOURCES MANAGER _____ TITLE _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

PHONE _____

I HAVE APPLIED FOR EMPLOYMENT WITH HOPE CREEK CARE CENTER. I AUTHORIZE THEM TO COLLECT ANY INFORMATION CONCERNING MY QUALIFICATION AND PAST PERFORMANCE. I DID AUTHORIZE AND REQUEST THAT YOU REPLY TO THE QUESTIONS BELOW. I HEREBY RELEASE YOU FROM ANY AND ALL LIABILITY IN SUPPLYING ANY INFORMATION REGARDING MY EMPLOYMENT WITH YOU. THANK YOU FOR YOUR ASSISTANCE.

APPLICANT'S NAME PRINTED _____ APPLICANT'S SIGNATURE _____ SOCIAL SECURITY NUMBER _____

DATE _____ POSITION APPLYING FOR AT HOPE CREEK _____

NAME USED FOR PRIOR EMPLOYMENT _____ PREVIOUS JOB POSITION _____

THIS SECTION TO BE COMPLETED BY PREVIOUS EMPLOYER

POSITION HELD _____ FROM _____ TO _____

REASON FOR LEAVING _____

WOULD YOU RE-HIRE? YES NO IF NO, PLEASE EXPLAIN _____

PLEASE RATE OUR APPLICANT ON THE FOLLOWING

	POOR	AVERAGE	ABOVE AVERAGE
ATTENDANCE AND PUNCTUALITY			
COMMUNICATION SKILLS			
HONESTY			
JOB KNOWLEDGE			
PERFORMANCE OF DUTIES			
ABILITY TO ACCEPT DIRECTIONS			
CONSIDERATION OF OTHERS			
COOPERATION			
INITIATIVE			

ADDITIONAL COMMENTS _____

INFORMATION SUPPLIED BY _____ TITLE _____

PERSONAL REFERENCE _____ JOB REFERENCE _____

REFERENCES



HOPE CREEK CARE CENTER 4343 KENNEDY DRIVE, EAST MOLINE, IL 61244 (309) 796-6600 (309) 796-6601 FAX WWW.HOPECREEKCARE.COM

TO BE COMPLETED BY APPLICANT

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APPLICANT'S NAME PRINTED _____ APPLICANT'S SIGNATURE _____ SOCIAL SECURITY NUMBER _____

DATE _____ POSITION APPLYING FOR AT HOPE CREEK _____

NAME USED FOR PRIOR EMPLOYMENT _____ PREVIOUS JOB POSITION _____

THIS SECTION TO BE COMPLETED BY PREVIOUS EMPLOYER

POSITION HELD _____ FROM _____ TO _____

REASON FOR LEAVING _____

WOULD YOU RE-HIRE? YES NO IF NO, PLEASE EXPLAIN _____

PLEASE RATE OUR APPLICANT ON THE FOLLOWING

	POOR	AVERAGE	ABOVE AVERAGE
ATTENDANCE AND PUNCTUALITY			
COMMUNICATION SKILLS			
HONESTY			
JOB KNOWLEDGE			
PERFORMANCE OF DUTIES			
ABILITY TO ACCEPT DIRECTIONS			
CONSIDERATION OF OTHERS			
COOPERATION			
INITIATIVE			

ADDITIONAL COMMENTS _____

INFORMATION SUPPLIED BY _____ TITLE _____

PERSONAL REFERENCE _____ JOB REFERENCE _____