



East Central Illinois Community Action Agency

Employment Application

Return this application to:

Human Resources
East Central Illinois Community Action Agency
56 N. Vermilion St.
Danville IL 61832
(217) 443-2705
www.comaction.org

In compliance with Federal and State Equal Opportunity laws, applications for employment are considered without regard to race, color, religion, sex, national origin, marital status, age, veterans status, or the presence of a non-job related medical condition or disability. We are an Equal Opportunity Employer and Provider. In compliance with US immigration laws, all staff must be a United States citizen or have proper authorization to work in the United States.

PERSONAL DATA

Name:	Phone:
Address:	Social Security#:
City/State/Zip:	Salary Desired:
Position Applying for:	Date Available:
Have you ever served in the United States Armed Forces? <input type="checkbox"/> YES <input type="checkbox"/> NO --If Yes, branch:	
1. Does any member of your immediate family serve on the Board of Directors or Policy Council for this organization? <input type="checkbox"/> YES <input type="checkbox"/> NO -- If Yes, who:	
2. Have you ever been convicted of any offense other than a non-alcohol or drug related minor traffic violation? <input type="checkbox"/> YES <input type="checkbox"/> NO -- If Yes, explain:	
3. Have you been indicated for child abuse or neglect by a state welfare agency or convicted of a child abuse or neglect offense? <input type="checkbox"/> YES <input type="checkbox"/> NO -- If Yes, explain:	
4. The Department of Children and Family Services mandates age requirements for the following positions: a) Teachers: 21 years of age; b) Classroom Aides: 18 years of age. Do you meet the minimum age qualification for these positions? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Not applying for these positions	

EDUCATION

School Attended	Major
High School:	
Trade School:	
College:	
Graduate School:	
Other Skills or Training:	

REFERENCES

(May not be relatives or employees of the Agency)

1. Name	Phone #:	Years Known:
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2. Name	Phone #:	Years Known:
3. Name	Phone #:	Years Known:

EMPLOYMENT HISTORY

Employer:	Date Began:	Date Ended:
Position:	Supervisor:	Salary:
Address:		
Reason for Leaving:		
Duties & Responsibilities:		

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Position:	Supervisor:	Salary:
Address:		
Reason for Leaving:		
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Position:	Supervisor:	Salary:
Address:		
Reason for Leaving:		
Duties & Responsibilities:		

I certify that the information on this application is true to the best of my knowledge. I authorize investigation of all information contained on this application as may be necessary for an employment decision. I am not obligated to disclose sealed expunged records of conviction or arrest. If I am employed, I understand that false or misleading information on this application shall be cause for dismissal. I understand that I am required to abide by all rules, regulations, and policies of the East Central Illinois Community Action Agency, and that the Agency is an employment at will organization. Nothing in this application or any offer for employment constitutes or shall be construed as an employment contract.

Applicant Signature: _____ Date: _____