

<b>IDENTIFICATION</b>	Name – Last, First, Middle (Please Print)		Social Security Number	
	Present Address (Street)		Are You At Least 18 Years Old? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	City/ State/ Zip		Phone Number (Home)	
	E-mail address:		Cell Phone Number	
	Have You Used A Name (Such As An Assumed Name Or Nickname) The Company Would Need To Know To Check Your Previous Work And Educational Records? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, Please Explain _____			
	Date of Birth: _____/_____/_____		Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male	Race: White African/American Native/American Hispanic Asian Other
	The Above Information Is Required In Order To Complete The Illinois State Police Background Check Before Any Offer Of Employment Can Be Conducted. Background Checks Will Only Be Submitted For Employees Who Are Being Considered For Employment At The Multicultural Community Center. By Signing This Application You Authorize MCC To Conduct A Background Check Prior To Being Hired.			

<b>GENERAL INFORMATION</b>	How Did You Hear About This Opportunity? <input type="checkbox"/> Newspaper <input type="checkbox"/> Word Of Mouth <input type="checkbox"/> Online <input type="checkbox"/> Other If Other, Please Explain _____	
	Are You Legally Authorized To Work In The United States? <input type="checkbox"/> No <input type="checkbox"/> Yes	Will You Now Or In The Future Require Sponsorship Or Employment Visa Status? <input type="checkbox"/> No <input type="checkbox"/> Yes
	Have You Ever Been Convicted Of A Felony Or, During The Last Two Years, Of A Misdemeanor That Resulted In Imprisonment? (A Conviction Will Not Necessarily Disqualify You From The Job For Which You Are Applying. A Conviction Will Be Judged On Its Own Merits With Respect To Time, Circumstances, And Seriousness) <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, Please Explain _____	
	May We Contact Your Present Employer? <input type="checkbox"/> No <input type="checkbox"/> Yes	If Permissible, Signature of Applicant
	Foreign languages: _____	Are You Interested In: <input type="checkbox"/> Part time <input type="checkbox"/> Full time
	Proficiency level: <input type="checkbox"/> Beginning <input type="checkbox"/> Intermediate <input type="checkbox"/> Advance	

<b>POSITION DESIRED</b>	POSITION DESIRED: <input type="checkbox"/> Site Supervisor <input type="checkbox"/> Health Services Coordinator <input type="checkbox"/> Disabilities Coordinator <input type="checkbox"/> Educational Coordinator <input type="checkbox"/> Head Teacher <input type="checkbox"/> Teacher <input type="checkbox"/> Teaching Assistant <input type="checkbox"/> Bus Driver <input type="checkbox"/> Bus Driver Assistant <input type="checkbox"/> Head Cook <input type="checkbox"/> Cooking Assistant <input type="checkbox"/> Custodian <input type="checkbox"/> Other _____
	*Please Complete The Required Certification Information For Your Desired Position*

<b>CERTIFICATIONS</b>	Please Mark The Current Certifications You Have:
	<input type="checkbox"/> CPR Certified <input type="checkbox"/> First-Aid Certified <input type="checkbox"/> Food Handler Certification
	<input type="checkbox"/> School bus driver's license <input type="checkbox"/> Other _____
	<input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____

<b>EDUCATION</b>	High School	Address/ City/ State/ Zip Code	Degree	Attended		GPA	Did you graduate?	
				From	To			
	College-University	Address/ City/ State/ Zip Code	Degree	Attended		GPA	Did you graduate?	
				From	To			
	Major:		Minor:					
	Graduate	Address/ City/ State/ Zip Code	Degree	Attended		GPA	Did you graduate?	
			From	To				
Special training: business, trade, vocational, armed forces, schools etc.	Address/ City/ State/ Zip Code	Degree	Attended		GPA	Did you graduate?		
			From	To				
Other:	Address/ City/ State/ Zip Code	Degree	Attended		GPA	Did you graduate?		
			From	To				

<b>EMPLOYMENT HISTORY</b>	STARTING WITH PRESENT EMPLOYER (OR MOST RECENT) LIST ALL WORK EXPERIENCE AND ACCOUNT FOR ALL TIME DURING THE LAST 10 YEARS <b>THIS SECTION MUST BE COMPLETED IN ADDITION TO ANY ATTACHED RESUME</b>			
	<b>Company 1</b>	Address	Phone number	Supervisor's name
	Job Title:	From: (month/year) To: (month/year)	Reason For Leaving	Last salary: <input type="checkbox"/> Hour <input type="checkbox"/> Month <input type="checkbox"/> Year \$ _____
	Duties and Responsibilities:			
	<b>Company 2</b>	Address	Phone number	Supervisor's name
	Job Title:	From: (month/year) To: (month/year)	Reason For Leaving	Last salary: <input type="checkbox"/> Hour <input type="checkbox"/> Month <input type="checkbox"/> Year \$ _____
	Duties and Responsibilities:			
	<b>Company 3</b>	Address	Phone number	Supervisor's name
	Job Title:	From: (month/year) To: (month/year)	Reason For Leaving	Last salary: <input type="checkbox"/> Hour <input type="checkbox"/> Month <input type="checkbox"/> Year \$ _____
	Duties and Responsibilities:			
	<b>Company 4</b>	Address	Phone number	Supervisor's name
	Job Title:	From: (month/year) To: (month/year)	Reason For Leaving	Last salary: <input type="checkbox"/> Hour <input type="checkbox"/> Month <input type="checkbox"/> Year \$ _____



	Duties and Responsibilities:			
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<b>REFERENCES</b>	Name	Phone Number	Address
	Name	Phone Number	Address
	Name	Phone Number	Address

<b>ADDITIONAL INFORMATION</b>	Please Write Any Additional Information You Would Like To Include In Your Application:
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	How Did You Hear About Our Program?
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ACKNOWLEDGEMENT

This application will remain active for 90 days only. If you wish to be considered for employment thereafter, you must submit another application for employment. Applicants receive consideration for employment without regard to race, color, religion, sex, age, national origin, sexual orientation, veteran status, marital status or disability.

False statements or omissions on this application form shall be sufficient cause for denial of employment or termination, if discovered after employment

Any additional documentation attached or submitted with this with application will be incorporated in and considered a part of this application and subject to all provisions stated herein.

I understand that employment is subject to the successful enrollment of the Illinois Department of Children and Family Services and may involve fingerprinting, criminal and child protective services background checks, and successful passing of a drug test. I further acknowledge that refusal to undergo this enrollment, including background checks and drug testing, will result in the denial of consideration for employment by the Multicultural Community Center.

I declare my answers to the questions on this application are true, and give the Multicultural Community Center and its affiliates the right to investigate all information given and to secure additional information, if necessary. I understand that an investigative report may be made whereby information is obtained through personal interviews with third parties, such as family members, business associates, financial sources, friends, neighbors or others with whom I am acquainted. This information may include, but is not limited to verification of previous employment and employment references, verification of education, including requests for transcripts, motor vehicle driving records, and criminal reports, etc. I have the right to make a written request within a reasonable period of time for a complete and accurate disclosure of additional information concerning the nature and scope of the investigation. I hereby release from all liability or responsibility all persons, companies or corporations furnishing such information.

I understand that the employment for which I am making this application is employment at will; that is, either party for any reason or no reason may terminate that such employment at any time. I further understand that this employment may only be modified by a written instrument signed by an authorized official of the Multicultural Community Center.

Signature \_\_\_\_\_ Date \_\_\_\_\_