



EMPLOYMENT APPLICATION

HR _____
 New Hire
 Re-Hire

Little Friends, Inc
Administration Office
140 N. Wright Street Naperville, IL 60540
Fax: (630) 355-3176 Phone: (630) 355-6533
www.littlefriendsinc.com Job Hotline: (630) 281-1887

If you require assistance completing this application or for any phase of the employment process, please notify the Human Resources Department and every effort will be made to accommodate your needs.

Personal Data

Name (Last, First, Middle) _____ Date _____

Address _____

City _____ State _____ Zip Code _____

Home Phone () _____ Work/Cell/ (Please circle) _____
School Phone () _____ Email _____

Best time of day to contact you: _____ at Home Work Cell School

Referral Source: (Please Check One)

- | | | |
|---|--|---|
| <input type="checkbox"/> Walk In | <input type="checkbox"/> Special Publication _____ | <input type="checkbox"/> State Employment Service |
| <input type="checkbox"/> Newspaper _____ | <input type="checkbox"/> Employee Referral - Name: _____ | <input type="checkbox"/> Job Posting Place: _____ |
| <input type="checkbox"/> Private Employ. Agency | <input type="checkbox"/> Internet Web site: _____ | <input type="checkbox"/> Job Fair _____ |
| <input type="checkbox"/> Recall | <input type="checkbox"/> Community Agency _____ | <input type="checkbox"/> Other _____ |

For which position are you applying? _____ ID# (if known) _____

Are you applying for? (Check all that apply) Full-time Part-time Substitute/Temp Summer

Shift you are interested in: Daytime Afternoon/Evenings Overnight Weekends

Are you willing to work overtime if necessary? _____ Weekends? Yes No Evenings? Yes No

Have you ever been employed by Little Friends, Inc. before? Yes No

If so, list program and dates you were employed _____

Are you related to anyone who works for Little Friends, Inc.? Yes No

If so, please indicate Name and Division and or Program _____

When would you be available to begin work? _____

Have you ever been convicted of a crime? If yes, please explain Yes No *Prior conviction may not necessarily exclude you from employment. You are not required to disclose convictions that have been expunged or sealed.*

Education Record

High School Name: _____ City/State _____

Years Completed 9 10 11 12 Diploma GED

College/University/Technical Training Name: _____ City/State _____

Years Completed 1 2 3 4 Highest Degree attained: AA Bachelors Masters Ph.D.

Major: _____

Employment History

List all previous employment beginning with most recent. Attach additional sheets if necessary. **Please fill in completely. Do not state "see resume":**

1. Employer	Dates of Employment: (Month/Yr)	to (Month/Yr)
Address		
City	State	Zip Code
Phone ()	Beginning Salary	Ending Salary
Title	Duties	
Supervisor's Name	Can we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Reason for Leaving		

2. Employer	Dates of Employment: (Month/Yr)	to (Month/Yr)
Address		
City	State	Zip Code
Phone ()	Beginning Salary	Ending Salary
Title	Duties	
Supervisor's Name	Can we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Reason for Leaving		

3. Employer	Dates of Employment: (Month/Yr)	to (Month/Yr)
Address		
City	State	Zip Code
Phone ()	Beginning Salary	Ending Salary
Title	Duties	
Supervisor's Name	Can we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Reason for Leaving		

Special Skills and Qualifications

Typing: _____ wpm Computer skills: _____

CPR: Yes No

CPI: Yes No

DSP Certified: Yes No

First Aid: Yes No

Certification(s)/License(s)

Expiration Date

Please list any training, specific job skills or other qualifications that you feel may contribute to your ability to perform the job for which you are applying: _____

References

Please provide three **professional** references, **with complete phone numbers**, that are familiar with the quality of your work, have worked directly with you, and have known you at least one year. (**Family or Friends are not accepted as professional references**).

1. Name: _____

Address: _____ City _____ State _____ Zip _____

Daytime Phone: (_____) _____ Email Address: _____

Relationship: Employer Former Employer Professor/Teacher Other

2. Name: _____

Address: _____ City _____ State _____ Zip _____

Daytime Phone: (_____) _____ Email Address: _____

Relationship: Employer Former Employer Professor/Teacher Other

3. Name: _____

Address: _____ City _____ State _____ Zip _____

Daytime Phone: (_____) _____ Email Address: _____

Relationship: Employer Former Employer Professor/Teacher Other

I give Little Friends, Inc. and/or its designee the right to investigate all references and to secure additional information about me, if job related, to verify the accuracy of the information contained in this application, resume and/or other information submitted by me for Little Friends, Inc. consideration. I hereby release from liability Little Friends, Inc. and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

I understand that any misrepresentation or omission of any fact in this application, resume or any other materials or during any interview will be sufficient cause for cancellation of the application and/or discharge from Little Friends, Inc. if I have been employed. Any offer of employment I may receive from Little Friends, Inc. is contingent upon my successful completion of the company's total pre-employment screening process.

I understand that if hired, I am required to abide by all rules and regulations of Little Friends, Inc. and to comply with all policies and procedures in the employee handbook, any policy and procedure manual or other communications to employees. I further understand that Little Friends, Inc. policies and procedures are subject to modification at any time with or without notice.

I understand that just as I am free to resign at any time, Little Friends, Inc. reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no representative of Little Friends, Inc. other than the President/CEO has the authority to make any assurances to the contrary and then only as such commitment is a signed, written document. This application does not constitute an agreement or contract for employment for any specified period or definite duration.

Little Friends, Inc. is an equal opportunity employer. I represent and warrant that I have read and fully understand the foregoing and seek employment under these conditions.

Signature of Applicant: _____ Date: _____

For HR Purposes Only

Date Offer Declined: _____

Date Offer Accepted: _____ Program Hired: _____

Position Accepted: _____ Cleared: _____

Orientation Scheduled for: _____