



Voluntary Action Center

Administrative Office

1606 Bethany Road

Sycamore, IL 60178

Office: (815) 758-3932 * Fax: (815) 758-0202

Equal Opportunity Employer * Drug Free Workplace

Application for Employment

Please print plainly in black or blue ink. Application must be filled out completely. Failure to fully complete this application may disqualify you from consideration. You may indicate "N/A" or "not applicable" for items that do not apply to you. Resumes may be attached but is not a substitute to a completed the application.

Personal and Job Information				
Last Name		First Name	Middle Name	Today's Date
Street Address		City	State	Zip Code
Main Phone: (____)_____-_____		Are you legally eligible to work in the U. S.? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Other: (____)_____-_____		<i>(If hired, you will be required to provide documentation that you are eligible to work in the U.S.)</i>		
Title of Position Applying For:		Are you 18 or over? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Salary Desired: \$	Date Available to Work:		# Hours Available to Work:	
Have you been previously interviewed or employed by VAC? <input type="checkbox"/> Yes <input type="checkbox"/> No		I am seeking:		
If Yes, list date(s) and job title(s): _____		<input type="checkbox"/> Full-time employment		
		<input type="checkbox"/> Part-time employment		
		<input type="checkbox"/> Seasonal employment		
Do you have any friends or relatives currently working for VAC? <input type="checkbox"/> Yes <input type="checkbox"/> No		Times Available to Work:		
If Yes, list names and relationship to you: _____		<input type="checkbox"/> Mornings <input type="checkbox"/> Afternoons		
		<input type="checkbox"/> Evenings <input type="checkbox"/> Weekends		
Are you employed now? <input type="checkbox"/> Yes <input type="checkbox"/> No		If so, may we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Driver's License Number: _____				
State Issued: _____ Class: _____ Expiration Date: _____				
CDL? <input type="checkbox"/> Yes <input type="checkbox"/> No Passenger Endorsement? <input type="checkbox"/> Yes <input type="checkbox"/> No Air Brake Endorsement? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Have you had your driver's license for at least 3 years? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Has your Driver's License ever been suspended or revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain: _____				

Employment History

Please provide the following information for your previous three employers, beginning with the most recent employer:
(Please attach an additional page if necessary. Do not use "see attached resume".)

Employer:	Dates Employed: From _____ To _____	Job Title:
Address:		
Telephone:	Job Duties:	
Reason for Leaving:		

Employer:	Dates Employed: From _____ To _____	Job Title:
Address:		
Telephone:	Job Duties:	
Reason for Leaving:		

Employer:	Dates Employed: From _____ To _____	Job Title:
Address:		
Telephone:	Job Duties:	
Reason for Leaving:		

Education			
Name and Location	# Years Completed	Major Area of Study	Degree/Diploma
High School			
College			
Graduate School			
Technical or Certificate Programs			

Knowledge, Skills, & Abilities		
List or describe special qualifications, skills or training related to the position for which you are applying (e.g. licenses, skills with machines, computer skills, special courses, training programs, etc.). Attach additional pages if necessary.		
Skill	Length of Training	Years of Experience

Food service experience, training, or certification in the following? Check all that apply:

Food Handling
 Senior Citizens
 Customer Service Skills
 Food Sanitation
 Food Service Equipment
 Individuals w/Disabilities
 Food Service Manager
 First Aid/CPR

Transit experience or training in the following? Check all that apply:

Defensive Driving
 Customer Service Skills
 Mobility Device Usage (wheel/power chairs, etc.)
 Passenger Assistance
 Senior Citizens
 Mobility Device Lift Equipment
 Emergency Procedures
 Individuals w/Disabilities
 Emergency equipment, reflectors, fire extinguisher

Fluency in Foreign Languages(s): _____ Speak Read Write
(Including sign language)

_____ Speak Read Write

_____ Speak Read Write

Military Service	
Branch:	From _____ To _____
Duties:	Type of Discharge:

Professional References				
Please list names of professional references only (supervisors, managers, or others) who can comment directly on your abilities:				
Name	Address	Phone #	Relationship/Occupation	Years Known

Additional Information	
A Driver's Abstract from the DMV may be required upon hire. Can you furnish one upon request?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Physical examinations may be a condition of employment for certain positions. For example, applicants with public transit vehicle operating essential job functions must be able to pass a DOT physical in accordance with FMCSR (49 CFR 391.41-391.49). Another example is certain kitchen positions require successful completion of a basic fitness for duty physical exam. Do you have any physical limitations that preclude your performing any work which you are being considered? If yes, explain: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
A pre-employment drug screen is required of all safety sensitive employees. Safety sensitive employees are required to be part of an ongoing Drug and Alcohol Testing program, which includes, Random Testing, Post-Accident Testing, Reasonable Suspicion Testing, and others. 1. Have you tested positive or refused to test on any pre-employment drug or alcohol test administered by an employer for DOT safety sensitive positions, but did not obtain employment during the past two years? 2. Have you been part of a DOT random testing program in the last two years? 3. Did you have a positive result, or refuse to test in the past two years? <i>Only answer Question 4 if you answered "yes" to Question 3.</i> 4. If you had a positive result or refused to test, have you successfully completed the return to duty process and have documentation?	<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"/> Yes <input type="checkbox"/> No

Acknowledgement of Understanding

Please read carefully:

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

I hereby authorize the Voluntary Action Center (VAC) to thoroughly investigate my references, work record, and other matters related to my suitability for employment and further, I authorize my former employers to disclose to VAC any and all letters, reports, and other information related to my work record, without giving me prior notice of such disclosure. In addition, I hereby release VAC, my former employers, and all other persons, corporations, partnerships, and associations, from any and all claims, demands, or liabilities arising out of or in any way related to such investigation or disclosure.

I understand that any offer of employment may be conditional upon the successful completion of a background check, a pre-employment drug screen, and/or a physical examination. I understand that if hired for certain positions, I may be entered into an ongoing Drug and Alcohol Testing program as outlined by federal regulations.

I understand that nothing contained in this application or conveyed during my interview, which I may be granted, is intended to create an employment contract between VAC and myself. In addition, I understand and agree that, if I am employed, my employment will be at-will, meaning that either I or VAC can terminate it at any time for any reason.

I acknowledge that all the information contained herein is true and accurate to the best of my knowledge.

Printed Name: _____

Applicant's Signature: _____

Date: ____/____/____

EOE Statement: *The Voluntary Action Center is an equal opportunity employer and adheres to the principles and practices outlined in applicable federal, state, and local laws and regulations that prohibit discrimination in employment and hiring. It is the policy and practice of the VAC to recruit, select, hire, train, promote, demote, terminate, compensate, and administer all employment practices without regard to race, color, ancestry, national origin, religion, age, sex, sexual orientation, marital status, veteran status, medical condition, pregnancy, or physical or mental disabilities unrelated to the ability to perform essential job functions with or without reasonable accommodations (except where a bona fide occupational qualification exists).*

ADA Commitment: *The Voluntary Action Center is committed to complying with the Americans With Disabilities Act. If an applicant requests a reasonable accommodation for purposes of completing the job application process, the VAC reserves the right to require professional documentation to confirm the need for accommodation.*

Administrative Use Only

Received By: _____

Date: _____

Reviewed By: _____

Date: _____

Eligible for Position: Yes No

Hired: Yes No

Position: _____

County Department: _____

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Equal Opportunity Data (Optional)

The following information will be used to determine the effectiveness of the Voluntary Action Center's recruitment efforts towards diverse populations. This information will not be kept in your personnel records but will be retained with in the VAC's equal employment opportunity records. **Providing the following information is voluntary**; however, it will greatly assist the VAC with assessing its recruitment strategies. Completion of this data is voluntary and will not affect your opportunity for employment, or terms or conditions of employment. Thank you for your participation.

Position for which you are applying: _____ Date completed: _____

GENDER:

(Please check one of the options below)

Male Female Other: _____ I do not wish to disclose.

RACE/ETHNICITY:

(Please check one of the descriptions below corresponding to the ethnic group with which you identify.)

Hispanic or Latino: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

White (Not Hispanic or Latino): A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

Black or African American (Not Hispanic or Latino): A person having origins in any of the black racial groups of Africa.

Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino): A person having origins in any of the peoples of Hawaii, Guam, Samoa or other Pacific Islands.

Asian (Not Hispanic or Latino): A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.

American Indian or Alaska Native (Not Hispanic or Latino): A person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment.

Two or more races (Not Hispanic or Latino): All persons who identify with more than one of the above five races.

I do not wish to disclose.