## **Application for Employment Senior Services of Central Illinois**

701 West Mason Springfield, Illinois 62702 217-528-4035 Fax: 217-528-4537 www.CentralILSeniors.org

	WE ARE AN E	EQUAL OPPORTUNITY	EMPLOYER	
Date of Applica	tion:	Position(s) Applie	ed For:	
Date Available:		Salary Expectation	on:	
Work Availabili	ity: 🗆 Full Time	□ Part T	ime	□ Temporary
Name:	]			
Last	]	First	Middle	
Address:				
City:			State: Zip	:
Home Phone:	Work	Phone:	Cell Phone:	
E-Mail Address	:			
TT (*) 1	1			eck your Answer
•	nn application with this SSC		□ Yes	□ <b>No</b>
	ox. date:	Position		
Are you current	tly employed? ontact your present employ		□ Yes □ Yes	□ <b>No</b> □ <b>No</b>
11 j 00, 111tij 110 0	ontact jour present employ	, 61 •	_ 105	2110
Are you prevent	ted from lawfully becoming	g employed in this country		_
(Dranf of oitiz angle	nip or immigration status will be		□ Yes	□ No
(Frooj oj cuizensn	up or immigration status witi be	e requirea upon empioymeni)		
		<b>EDUCATION</b>		
	High School	Vocation Training	College/University	Graduate/Professiona
School Name				
and Completed	□ 9 □ 10 □ 11 □ 12	□1 □2 □3 □4	□1 □2 □3 □4	
ear's Completed	(check one)	(check one)	(check one)	(check one)
piploma/Degree				

Please List any other Professional Designations, Licenses, Clubs, Activities, Organizations:

## ${\bf EMPLOYMENT\ EXPERIENCE\ (Start\ with\ your\ present\ or\ most\ recent\ job)}$

1.	Employer:	
	Phone:	_ Supervisor's Name:
	Job Title:	
	Work Performed:	
	Employment Dates: From:	To:
	Reason for Leaving:	
•	Employee	
2.	1 .	
	Address:	
		Supervisor's Name:
	Job Title:	
	Work Performed:	
	Employment Dates: From:	To:
	Reason for Leaving:	
3	Employer:	
٠.	Address:	
		Supervisor's Name:
	Job Title:	
	Work Performed:	
		To:
	Reason for Leaving:	

Please list any specific skills/interes	ests that you would like us to know:	
Ref	erences: (Both Personal and Business)	
Name	Address	Phone
I certify that all statements are true	to the best of my knowledge.	
It is understood that false statemen	ts on this application may result in my dismiss	sal.

Senior Services of Central Illinois, Inc. does not discriminate in admission to programs or treatment of employment in programs or activities in compliance with appropriate State and Federal Statutes.

If you feel you have been discriminated against, you have the right to file a complaint with the Illinois Department on Aging. For more information, call 1-800-252-8966 (voice or TDD), or contact the Executive Director of Senior Services of Central Illinois, Inc. at 217-528-4035.