



**EMPLOYMENT EXPERIENCE (Start with your present or most recent job)**

1. **Employer:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_ **Supervisor's Name:** \_\_\_\_\_  
**Job Title:** \_\_\_\_\_  
**Work Performed:** \_\_\_\_\_  
\_\_\_\_\_  
**Employment Dates: From:** \_\_\_\_\_ **To:** \_\_\_\_\_  
**Reason for Leaving:** \_\_\_\_\_

2. **Employer:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_ **Supervisor's Name:** \_\_\_\_\_  
**Job Title:** \_\_\_\_\_  
**Work Performed:** \_\_\_\_\_  
\_\_\_\_\_  
**Employment Dates: From:** \_\_\_\_\_ **To:** \_\_\_\_\_  
**Reason for Leaving:** \_\_\_\_\_

3. **Employer:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_ **Supervisor's Name:** \_\_\_\_\_  
**Job Title:** \_\_\_\_\_  
**Work Performed:** \_\_\_\_\_  
\_\_\_\_\_  
**Employment Dates: From:** \_\_\_\_\_ **To:** \_\_\_\_\_  
**Reason for Leaving:** \_\_\_\_\_

Is there anything to prevent you from fulfilling the job requirements?       Yes       No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list any specific skills/interests that you would like us to know: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**References: (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 statements on this application may result in my dismissal.*

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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.