



OBLATE SERVICE CORPORATION of The Esquiline

APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

Date: ___/___/___
 DD MM YYYY

Full Name: _____ Social Security No: _____ - _____ - _____
 LAST FIRST MIDDLE

Address: _____ Telephone No: (____) _____ - _____

City: _____ State: _____ Zip Code: _____

Are you 18 years of age or older? (select yes or no)

Are you lawfully authorized to work in the United States? (select yes or no)

Note: Pursuant to the Immigration Reform and Control Act of 1986, only citizens of the United States and resident aliens lawfully authorized to work in the United States are eligible for hire. The Apartment Community will require proof of legal employment status upon hire in accord with the requirements established by IRCA.

Please indicate in order of preference any position(s) for which you are making application:

- | | |
|---------------------------------|-----------------------|
| Registered Nurse - RN* | Facilities Management |
| Licensed Practical Nurse - LPN* | Activities |
| Certified Nurst Assistant - CNA | Office |
| Environmental Services | Concierge Services |
| Food Service | |

Position Title _____

* Registered Nurse or Licensed Practical Nurse applicants please complete the following information:

Illinois License No: _____ Expiration Date: ___/___/___
 DD MM YYYY

What date are you available to begin work? _____

Will you accept Part-Time work? (select yes or no)

Will you accept Temporary work? (select yes or no)

Shift(s) or hours available to work:

Are you able to safely perform the essential functions of the position(s) for which you are applying? (select yes or no)

If "No", please explain: _____

If you need more information concerning job duties to answer this question, please inquire.

Education

Type	Name/Location	Course(s) of Study	Degree/Diploma
High School			(select yes or no)
College			(select yes or no)
Graduate School			(select yes or no)
Technical School/Other			(select yes or no)
Continuing Education			(select yes or no)

Employment Record

Please provide name, address, and telephone information for previous employers, starting with most recent and working backward.

Company Name & Location	Date Start/End	Duties	Wage	Reason for Leaving
1. _____	__/__/____ <small>MM YYYY</small>	to	__/__/____ <small>MM YYYY</small>	_____
Telephone: (____) _____ - _____				
2. _____	__/__/____ <small>MM YYYY</small>	to	__/__/____ <small>MM YYYY</small>	_____
Telephone: (____) _____ - _____				
3. _____	__/__/____ <small>MM YYYY</small>	to	__/__/____ <small>MM YYYY</small>	_____
Telephone: (____) _____ - _____				
4. _____	__/__/____ <small>MM YYYY</small>	to	__/__/____ <small>MM YYYY</small>	_____
Telephone: (____) _____ - _____				

May we contact your present employer? (select yes or no)

May we contact your previous employers? (select yes or no)

Have you previously applied to The Esquiline for work? (select yes or no)

If "Yes", when did you apply and for what position?

Have you ever been employed by the Oblate Service Corporation?

If "Yes", were you ever employed at The Esquiline? _____

in what position and department did you work? _____

what was your reason for leaving? _____

References

Please do not list relatives or former supervisors.

1. Name: _____ Telephone: (____) ____-_____
Address: _____
Occupation: _____
2. Name: _____ Telephone: (____) ____-_____
Address: _____
Occupation: _____
3. Name: _____ Telephone: (____) ____-_____
Address: _____
Occupation: _____

General Information

Have you been convicted of a misdemeanor (other than a minor traffic violation) or a felony? (select yes or no)

If "Yes", please explain in detail, including type of offense, date, and location:

Do you have any Relatives who are employed by the Oblate Service Corporation? (select yes or no)

Please specify: _____

How were you referred to apply at The Esquiline? _____

Please list any other skills, qualifications, or experiences that relate to your ability to perform the job for which you have applied – such as licenses, professional memberships, or other training.

List any other facts you feel might be important for consideration of your application for employment:

The OBLATE SERVICE CORPORATION is an Equal Opportunity Employer. All qualified applicants will receive equal consideration, as required by applicable Federal and State law, without regard to race, age, color, religion, sex, national origin, or handicap.

APPLICANT'S STATEMENT and AGREEMENT

Applicants are asked to please read carefully before signing this Application for Employment.

1. I understand that receipt of this application does not imply I will be employed, nor does it indicate there are positions available.
2. I understand that unless acted upon, this application will become inactive after 60 days.
3. I understand that any future offer of employment is contingent upon my passing the prescribed physical examination, licensure verifications, and/or background checks, if required.
4. I understand that Federal law prohibits the employment of unauthorized aliens; all persons hired must submit satisfactory proof of employment authorization and identity. Failure to submit such proof will result in denial of employment.
5. I hereby grant permission for The Esquiline to investigate any of the information included in this application, on related papers, and in subsequent interviews. I agree to cooperate in such investigation, and release from all liability or responsibility all persons, organizations, companies, and corporations collecting and supplying such information, together with any other information they may have regarding me in their records.
6. In making this application for employment, I understand that an investigation may be made whereby information is obtained through personal interviews with my neighbors, friends, or others with whom I am acquainted. This inquiry includes information regarding my character, general reputation, personal characteristics, and mode of living. I understand that The Esquiline may request background screening which may include information including but not limited to criminal history reports, court records, driving records, and/or employment information. I understand I have the right to make a written request within a reasonable period of time to receive additional detailed information about the nature and scope of this investigation.
7. I understand that if I am hired, my employment will be "at-will" and may be terminated with or without cause, and with or without notice at any time. I also understand that no employee of the Oblate Service Corporation at The Esquiline, other than the Administrator or the Director of Human Resources, has the authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing.
8. I certify the information included in this application is correct and understand that misrepresentation is just cause for rejection of this application or dismissal from employment.

Applicant Signature: _____

Date: ___ / ___ / _____
DD MM YYYY

Once you complete the form, save the document, and email to Human Resources at kwann@theesquiline.org