

Date \_\_\_\_\_

**ILLINOIS VALLEY INDUSTRIES  
JOB APPLICATION**

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ E-mail \_\_\_\_\_

On what date would you be available for work? \_\_\_\_\_

Are you available to work: Full-time \_\_\_\_\_ Part-time \_\_\_\_\_

Are you on a lay off and subject to recall? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you employed now? Yes \_\_\_\_\_ No \_\_\_\_\_

May we inquire of your employer? Yes \_\_\_\_\_ No \_\_\_\_\_

Can you provide proof you are at least 18 years of age? Yes \_\_\_\_\_ No \_\_\_\_\_

Can you provide proof you can lawfully work in the United States of America? Yes \_\_\_\_\_ No \_\_\_\_\_  
(Proof of citizenship or immigration status is required by law upon employment.)

Can you provide proof of a high school education/GED? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you been convicted of a felony? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please comment: \_\_\_\_\_

Will you be able to report to work on time and on a regular basis? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have a valid driver's license? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you aware all shifts within all buildings and lands of IVI are smoke free? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you understand each potential staff member must pass a drug screen, Illinois State Police Criminal Background Check, IDPH Worker's Registry screen, DCFS CANTS background check, Illinois Sex Offender Registry screening, and an OIG Sanction List screening? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you understand you must provide a current TB test results report? Yes \_\_\_\_\_ No \_\_\_\_\_

Education	Name and address of school	Did you graduate	Field of study
High School			
College			
Other			

List the name and contact phone number of each employer for the last 5 years

	Date	Position	Reason for leaving
1	From: To:		
2	From: To:		
3	From: To:		
4	From: To:		
5	From: To:		

References: Give the names and contact phone numbers of 3 persons not related to you ( at least 1 professional reference).

Name	Phone number	Relationship	Acquainted
1			
2			
3			

**Agreement** - I certify that facts given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that this application is not and is not intended to be a contract of employment.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.

I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without any prior notice. Illinois Valley Industries is an at-will employer.

Signature

Date

State of Illinois  
Department of Children and Family Services

**AUTHORIZATION FOR BACKGROUND CHECK**  
Child Abuse and Neglect Tracking System (CANTS)  
For Programs NOT Licensed by DCFS

**NOTE:** Do not use this form if you are an applicant for licensure or an employee/volunteer of a licensed child care facility. Please contact your licensing representative.

Name: \_\_\_\_\_  
Last First Middle

Date of Birth:  --  --  Gender:  Male  Female Race: \_\_\_\_\_

Current Address: \_\_\_\_\_  
Street/Apt#

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code

If you currently reside in Illinois, please list all previous addresses for the past five years.

**OR**  
If you currently reside out-of-state, please provide ALL Illinois addresses in which you did reside while living in Illinois.

(Street/Apt#/City/County/State/Zip Code)

Dates  
From/To

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

List maiden name and/or all other names by which you have been known: (last, first, middle)

_____	_____
_____	_____
_____	_____
_____	_____

I hereby authorize the Illinois Department of Children and Family Services to conduct a search of the Child Abuse and Neglect Tracking system (CANTS) to determine whether I have been a perpetrator of an indicated incident of child abuse and/or neglect or involved in a pending investigation. I further consent to the release of this information to the agency listed below.

Submit by ~~mail~~ **OR** ~~fax~~ **OR** email.  
 Mail to: ~~Department of Children and Family Services~~  
 466 E. Monroe - Station # 30  
 Springfield, IL 62704  
 Fax to: ~~217-762-3995~~  
 Scan/Email to: CFS689Background@illinois.gov

\_\_\_\_\_  
 Signed Date

**Please type, use bold letters or label:**

1-815-942-5169  
ivistephanie@sbcglobal.net  
Illinois Valley Industries, Inc.  
Stephanie Kessler  
1033 Third Avenue  
Morris, IL 60450

(Submitting Agency Fax Number)  
 (Submitting Email Address)  
 (Agency Name) *Email:*  
 (Contact Person)  
 (Address)  
 (City/State/Zip)



## NOTICE TO APPLICANT

The position for which you are applying requires a criminal background check. As part of the application process, you must complete a fingerprint conviction information request form.

In order for you to understand this procedure, please carefully read the following information:

1. Illinois Valley Industries will request a Uniform Conviction Information Act criminal history record check pursuant to the Illinois Health Care Worker Background Check Act (the "Act") for every applicant given an authorized offer of employment.
2. You have a right to obtain a copy of the criminal record report that Illinois Valley Industries obtains from the Illinois State Police. You may challenge the accuracy and completeness of the report, and request a waiver if your criminal record report contains information which prohibits your employment by this facility. The waiver procedure is explained more fully in Section 40 of the Act.
3. Under certain circumstances, Illinois Valley Industries may temporarily fill a position conditioned on our subsequent receipt of the required criminal record report. If you are hired subject to this condition, you will be terminated if the criminal record report indicates that you have a record of conviction of any other criminal offenses listed in the Act. You may be exempted from this policy if you can establish your identity and you either demonstrate that you do not have a disqualifying criminal record based on a fingerprint-based record check or obtain a waiver. In the event that you do receive a waiver, Illinois Valley Industries is not obligated to, and will not, continue your employment or otherwise retain you.
4. Under circumstances where Illinois Valley Industries does not temporarily fill a position conditioned on our subsequent receipt of the required criminal record report, no applicant will be hired if the criminal record report indicates that he or she has a record of conviction of any of the criminal offenses listed in the Act. You may be exempted from this policy if you can establish your identity and you either demonstrate that you do not have a disqualifying criminal record based on a fingerprint-based record check or obtain a waiver. In the event that you do receive a waiver, Illinois Valley Industries is not obligated to, and will not, hire you.

\_\_\_\_\_  
Printed Name of Applicant

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

Attachment A

ILLINOIS VALLEY INDUSTRIES  
NOTICE TO ALL JOB APPLICANTS

Any applicant who may be offered employment by Illinois Valley Industries is subject to a pre-employment drug and alcohol screen test. During the employment process, the applicant will be requested to sign an Applicant Consent and Authorization for Release of Information form concerning drug and alcohol testing. Applicants who decline to sign the form or to adhere to sample collection procedures for the drug and alcohol screen will not be considered for employment.

An applicant must have a negative drug and alcohol screening test result in order to be considered for employment by Illinois Valley Industries. Any applicant who fails the drug and/or alcohol screening test will be advised to consult with a physician, and may re-apply for employment one (1) year or more from the date of the test if the applicant provides medical evidence that a physician has found no sign of drug or alcohol abuse, or that the applicant has successfully undergone prescribed treatment.

Illinois Valley Industries is an equal opportunity employer and does not discriminate on the basis of sex, race, color, age, disability, religion or national origin. It is the policy of Illinois Valley Industries to eliminate the adverse impact of drug and alcohol abuse on our employees, facilities, customers and community.

ILLINOIS VALLEY INDUSTRIES

APPLICANT CONSENT & AUTHORIZATION FOR RELEASE OF INFORMATION

DRUG AND/OR ALCOHOL TESTING

I voluntarily consent to have a sample of my urine collected for the purpose of drug testing and have a breath alcohol test or other drug/alcohol screening. I also authorize the results of this testing to be released to Illinois Valley Industries by a testing laboratory it selects. I hereby release Illinois Valley Industries and hold it harmless for the test(s) and any results therefrom.

I understand that the results of the drug testing and the breath alcohol test or other drug/alcohol screen, if positive, will remove me from consideration for employment. I further understand that my refusal to consent, sign this form, provide the required sample, or follow the agency's sample collection procedure, including my adulteration of the sample, will result in my being removed from further consideration for employment.

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Witness signature

\_\_\_\_\_  
Date

# ILLINOIS VALLEY INDUSTRIES

## REQUEST FOR VERIFICATION OF EMPLOYMENT

**Signed authorization from the individual in question is required before employment verification information may be released.**

Section I (To be completed by employee).

The applicant listed below has applied for a position at Illinois Valley Industries to work with adults with intellectual and developmental disabilities. Please complete the employment verification as part of the application process.

I hereby authorize \_\_\_\_\_ to release the information indicated below. Additionally, I release \_\_\_\_\_ from all liability whatsoever for issuing the requested information.

X \_\_\_\_\_ X  
PRINT or TYPE SOCIAL SECURITY NUMBER  
EMPLOYEE NAME

X \_\_\_\_\_ X  
SIGNATURE DATE

### SECTION II (To be completed by the Human Resources Data Services Department)

I certify that the records of \_\_\_\_\_ reveal the following on the employee indicated above.

EMPLOYMENT PERIOD \_\_\_\_\_

POSITION \_\_\_\_\_

CURRENT STATUS \_\_\_\_\_

SIGNATURE OF PERSON VERIFYING \_\_\_\_\_

PRINTED or TYPED NAME \_\_\_\_\_

POSITION \_\_\_\_\_ DATE \_\_\_\_\_

TELEPHONE # \_\_\_\_\_

Please return via fax at 815-942-5169 Attn: Stephanie Kessler  
or email to [ivistephanie@sbcglobal.net](mailto:ivistephanie@sbcglobal.net)