

Circle of Life HomeCare  
& Supportive Care  
6919 N Knoxville Ave Suite 102  
Peoria, IL 61614

## APPLICATION FOR EMPLOYMENT

Equal Employment Opportunity Policy: It is the policy and practice of the company to abide by all anti-discrimination laws provided for by federal, state, and local statutes and regulations. It is also the policy and practice of the company to provide and promote equal employment opportunities for all applicants and employees. It is also the policy and practice of the company to hire, train, promote, compensate, and administer all employment practices without regard to race, religion, sex, national origin, age, marital status, medical condition, veteran committed to complying with the American with Disabilities Act. If you believe that you need a reasonable accommodation in order to apply for or to complete an application for employment due to the fact you have a disability, please notify the company within three (3) days of your application of your specific needs for a reasonable accommodation so that the company may assist you where appropriate. If an applicant request an accommodation for purposes of completing the job application process, the company reserves the right to require the applicant to furnish documentation for an appropriate professional confirming that the applicant has a disability or concerning their functional limitations for which a reasonable accommodation exist.

In order that your application may be properly evaluated, it is essential that all of the following questions be answered carefully and completely. Feel free to add any additional information which will help us in placing you where you are best qualified. Please print in ink.

**(PLEASE PRINT CLEARLY)**

**ANSWER ALL OF THE QUESTIONS CAREFULLY AND COMPLETELY**

Name:

\_\_\_\_\_  
Last First Middle

Current Address: \_\_\_\_\_  
No. Street Apt# City State Zip Code

How long have you lived at this address? \_\_\_\_\_ If less then 2 years list your previous addresses:

\_\_\_\_\_  
Previous address if any Previous address if any

Home Telephone No: \_\_\_\_\_ How long have you had this number? \_\_\_\_\_

Cell Telephone No: \_\_\_\_\_ How long have you had this number? \_\_\_\_\_

Alternate Phone Number: \_\_\_\_\_ Who will answer this phone: \_\_\_\_\_

Position applying for: Mark only one  Homemaker  (certified as a CNA) CNA  LPN  RN

1) Are you 18 years of age or older?  Yes  No 2) Do you have a current drivers License?  Yes  No

3) Do you own your own vehicle  Yes  No 4) What year is your vehicle? \_\_\_\_\_

5) What is your method of transportation if your vehicle breaks down? \_\_\_\_\_



**Note: If it is necessary for you to have guaranteed full time employment, raises, vacation pay, please evaluate if Circle of Life is your choice of employer.**

1) Is it necessary for you to work 40 hours per week?  yes  No

2) Date you are available to start? \_\_\_\_\_

- 3) Have you ever worked in Home Health before?  Yes  No
- 4) Have you ever worked at Circle of Life before?  Yes  No
- 5) How did you learn of Circle of Life?  TV  Phone Book  Friend  Circle of Life employee
- 6) How many days were you absent in the last 6 months of employment? \_\_\_\_\_



Circle of Life hires employees based on current client needs. "Shifts" for CNA and Homemakers are rarely 8 hours and are not set like facilities. Most shifts are 4 -6 hours and can have a start and stop time that varies through out the day. i.e. 11AM – 3PM, 10AM – 7PM etc. Clients may also only need help 2-3 times a week, while other clients may need help 7 times a week. Note – as an employee it is your responsibility to work around the clients schedule not the client's responsibility to work around the employee's availability. **NOTE AS AN EMPLOYEE THE AMOUNT OF HOURS YOU WOULD RECEIVE WOULD BE BASED ON YOUR ABILITY TO WORK THE HOURS THE CLIENTS REQUEST.**

I HAVE READ THIS NOTE  YES  NO

Mark the following as to the days, evening, nights you can work.

Note: even though the format of this availability section is marked in days, evenings, nights do not assume these are 8 hour shifts. This is used as a tool only.

<input type="checkbox"/> Sunday	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday	<input type="checkbox"/> Saturday
<input type="checkbox"/> Days	<input type="checkbox"/> Days	<input type="checkbox"/> Days	<input type="checkbox"/> Days	<input type="checkbox"/> Days	<input type="checkbox"/> Days	<input type="checkbox"/> Days
<input type="checkbox"/> Evenings	<input type="checkbox"/> Evenings	<input type="checkbox"/> Evenings	<input type="checkbox"/> Evenings	<input type="checkbox"/> Evenings	<input type="checkbox"/> Evenings	<input type="checkbox"/> Evenings
<input type="checkbox"/> Nights	<input type="checkbox"/> Nights	<input type="checkbox"/> Nights	<input type="checkbox"/> Nights	<input type="checkbox"/> Nights	<input type="checkbox"/> Nights	<input type="checkbox"/> Nights

I am available the following hours if I am working Days: From \_\_\_\_\_ Until \_\_\_\_\_

I am available the following hours if I am working afternoon - evening: From \_\_\_\_\_ Until \_\_\_\_\_

I am available the following hours if I am working nights: From \_\_\_\_\_ Until \_\_\_\_\_

I will travel to the following areas (Mark all that apply)  Morton  Peoria  Washington  Pekin

Have you ever convicted of a felony?  Yes  No

Have you ever been charged with a sex crime?  Yes  No

Have you ever been convicted of abuse against a child, disabled adult, senior?  Yes  No

Are you currently or have you ever been involved in an investigation by DCFS?  Yes  No

Have you ever convicted of a misdemeanor, or any other offense other then a minor traffic offense?  Yes  No

If Yes explain: \_\_\_\_\_

Note: An answer of "yes" will not disqualify any applicant for consideration for a job: rather, such information is only relevant to the job application process in terms of whether or not the conviction(s) has a direct relationship to the job for which you are applying and whether it would pose an unreasonable risk to property, safety, employees, or clients.

Bonding is a condition of employment for positions at Circle of Life. Have you ever been denied employment as a result of the inability to bond you as an employee?  Yes  No

**RECORD OF EDUCATION**

Type	Name and Location of School	No. of Years Attended	Degree Awarded	Major Field
High School				
CNA Training				
College				

**REFERENCES (Do not list relatives or friends) You may list present or past co-workers, professionals you know, etc.**

Name	Occupation	Phone No & Alternate phone Number	How do you know this person

Minimum starting income expected?

I will only work for \$ \_\_\_\_\_ per hour

I am willing to negotiate wages  Yes  No

If you are a CNA do you have, or have you had any disqualifying offenses?  Yes  No

If the answer is yes have you been issued a waiver?  Yes  No

If you are a nurse have you had any disciplinary actions against your license?  Yes  No

Please note any experience you would like us to be aware of: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**EMPLOYMENT HISTORY FOR THE PREVIOUS FIVE (5) YEARS**

List all present and past employment, beginning with your most recent position. You may attach a resume to the application, but it is essential that all of the following questions be answered. Please fill in all blanks.

Present Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Address: \_\_\_\_\_

No Street City State Zip Code

Who did you report to? \_\_\_\_\_ Pay rate: Start \_\_\_\_\_ Current: \_\_\_\_\_

Telephone No. \_\_\_\_\_ Employment dates: From \_\_\_\_\_ To: \_\_\_\_\_

Describe Duties: \_\_\_\_\_

Reason for leaving? \_\_\_\_\_

Present Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Address: \_\_\_\_\_

No Street City State Zip Code

Who did you report to? \_\_\_\_\_ Pay rate: Start \_\_\_\_\_ Current: \_\_\_\_\_

Telephone No. \_\_\_\_\_ Employment dates: From \_\_\_\_\_ To: \_\_\_\_\_

Describe Duties: \_\_\_\_\_

Reason for leaving? \_\_\_\_\_

Present Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Address: \_\_\_\_\_

No Street City State Zip Code

Who did you report to? \_\_\_\_\_ Pay rate: Start \_\_\_\_\_ Current: \_\_\_\_\_

Telephone No. \_\_\_\_\_ Employment dates: From \_\_\_\_\_ To: \_\_\_\_\_

Describe Duties: \_\_\_\_\_

Reason for leaving? \_\_\_\_\_

Present Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Address: \_\_\_\_\_

No Street City State Zip Code

Who did you report to? \_\_\_\_\_ Pay rate: Start \_\_\_\_\_ Current: \_\_\_\_\_

Telephone No. \_\_\_\_\_ Employment dates: From \_\_\_\_\_ To: \_\_\_\_\_

Describe Duties: \_\_\_\_\_

Reason for leaving? \_\_\_\_\_

May we contact the employers listed above?  Yes  No If not, indicate which one(s) we can contact.

Sign \_\_\_\_\_ Date \_\_\_\_\_