



1308 S. Wells Street
P. O. Box 60
Du Quoin IL 62832
Phone: 618-542-5421
FAX: 618-542-5556

EMPLOYMENT APPLICATION

Complete this application in detail; previous applications will not be considered. Any material misrepresentation may be grounds for ineligibility or termination. Applications without necessary information will not be considered. The Civil Rights Act of 1964 prohibits discrimination in employment because of race, color, religion or national origin. Public Law 90-202 prohibits discrimination because of age. Five Star Industries, Inc. is an equal employment opportunity provider. We comply with all Illinois and Federal laws. We do not discriminate based on age, race, sex, national origin, ethnicity, religion, sexual orientation, pregnancy, disability or military discharge status.

Under Illinois law, for certain positions we are mandated to do a criminal background check. Passing it will be required for those positions before a final job offer.

To be considered for employment, applicants must have a high school diploma or GED
Applicants selected for potential employment will be fingerprinted and must pass a criminal background check. They will also be required to pass a drug test.
Applicants are not obligated to disclose sealed or expunged records of convictions or arrest.

Applicants must provide at least three references **WITH PHONE NUMBERS.**
References cannot be relatives.

PLEASE PRINT

Date of Application: _____

Position applied for _____
Are you available to work: _____ full-time _____ part-time _____ shift-work
If shift-work is available, what shift would you prefer? _____
If hired, on what date will you be available to work? _____

PERSONAL INFORMATION

Name _____ Social Security No. _____

Current Address _____

Telephone Number _____ Best time to be reached _____

Citizenship: _____ US Citizen _____ Permanent Resident Alien _____ Non-Immigrant Alien

Current Illinois Driver's License _____ Yes _____ No _____ Class _____

List any friends or relatives employed here _____

Are you 18 years of age, or older? _____ Yes _____ No

Have you filed an application here before? _____ Have you worked here before? _____

Have you ever been discharged from a job? _____ Yes _____ No If yes, please explain on back.

Hobbies and special interests; _____

Special training: _____ CPR _____ Life Saving _____ Defensive Driving _____ Sign Language

Other: _____

Do you have any experience, skills or qualifications which would assist you in working for this agency? _____

Person to be contacted in case of an accident or emergency:

Name _____ Phone Number _____

Address _____

EDUCATION

Number of years of high school completed? _____ Graduated? _____ Yes _____ No

GED Certificate? _____ Yes _____ No If yes, when received? _____

Number of years of college/community college completed? _____ Graduated? _____ Yes _____ No

School attended? _____ From _____ To _____

Degree? _____

Technical/professional license or certificate: _____

Current Yes No License/Certificate number _____

State in which issued : _____

EXPERIENCE (most recent first)

Omissions or misstatements of material facts may cause forfeiture of rights to employment. Please explain, on reverse side, any employment gaps of over 6 months)

Employer: _____ From _____ To _____

City & State _____ Phone Number _____

Supervisor _____ Your title: _____

Duties & responsibilities _____

Reason for leaving _____

May we contact this employer Yes No Wage: _____

Employer: _____ From _____ To _____

City & State _____ Phone Number _____

Supervisor _____ Your title: _____

Duties & responsibilities _____

Reason for leaving _____

May we contact this employer Yes No Wage: _____

Employer: _____ From _____ To _____

City & State _____ Phone Number _____

Supervisor _____ Your title: _____

Duties & responsibilities _____

Reason for leaving _____

May we contact this employer Yes No Wage: _____

Employer: _____ From _____ To _____

City & State _____ Phone Number _____

Supervisor _____ Your title: _____

Duties & responsibilities _____

Reason for leaving _____

May we contact this employer _____ Yes _____ No _____ Wage: _____

REFERENCES

PROFESSIONAL WORK-RELATED (at least 3, not related to you)

Name _____

Name _____

Business _____

Business _____

City & State _____

City & State _____

Phone _____

Phone _____

Name _____

Name _____

Business _____

Business _____

City & State _____

City & State _____

Phone _____

Phone _____

REFERENCES (continued)

PERSONAL (not related)

Name _____

Phone # _____

Name _____

Phone # _____

EDUCATIONAL

Name _____

Phone # _____

School _____

PLEASE NOTE ANY OTHER PERTINENT INFORMATION BELOW

I understand I may be required to submit proof of previous employment, education, or any other statements in application. I authorize the release of this and other information covering job-related factors for purposes of verification and determination of suitability for employment. I certify that the information on this application is true and correct to the best of my knowledge.

Written Signature

Date

Please read the following carefully and *initial* each paragraph.

_____ I hereby authorize Five Star Industries, Inc. (FSII) to thoroughly investigate my references, work records, education, criminal record and other matters related to my suitability for employment and, further, authorize my current and former employers to disclose to FSII any and all letters, reports and other information pertaining to my employment with them, without giving me prior notice of such disclosure. In addition, I hereby release FSII, my current and former employers and all other persons, corporations, partnerships and associations from any and all claims, demands and liabilities arising out of or in any way related to such investigation or disclosure.

_____ I understand that nothing contained in the application or conveyed to me during any interview that may be granted is intended to create an employment contract, implied or explicit, between me and FSII. I understand that the offer of employment can only be made by the Executive Director or his/her designee. In addition, I understand and agree that if I am employed; my employment relationship with FSII is strictly voluntary and at our mutual will. I understand that if employed, my employment is for no definite period and may be terminated at any time, with or without prior notice, with or without cause or reason, at the option of either myself or FSII and that no promises or representations contrary to the foregoing are binding on FSII unless made in writing and signed jointly by FSII's Executive Director and myself.

_____ I understand and agree that any future changes in my title, duties, compensation, working conditions and/or FSII benefits, policies and procedures will not alter our at-will agreement.

_____ I understand that if offered employment, I will, as a condition of employment, be required to submit proof of my identity and legal right to work in the United States on my first day of employment.

_____ I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement on this application or on any documents used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery. Non-disclosure of criminal record could result in possible termination.

_____ I understand that as a condition of employment, I am to undergo and successfully pass a screening for drugs. I hereby consent to having the results of any such drug screening that I may be required to undergo released to FSII.

My signature below certifies that I have read and understand this complete page and agree to the terms and conditions outlined in this document.

Printed Name

Applicant Signature

Date

JOB DESCRIPTION

In addition to the general job description for staff contained in the personnel manual, the following physical requirements and job duties apply to this position.

TITLE: Direct Support Persons

- Developmental Training Aide
- Residential Aide
- Community Support Team Member
- Child Care Staff
- Recreation Aide
- Respite Worker
- Family Support Worker
- Janitorial Supervisor
- Job Coach
- Vocational Trainer
- Vocational Development Instructor
- Personal Support Worker

Reports Directly to: QIDP and/or Home Manager or Program Manager

Qualifications -

Passing the Illinois Health Care Workers Background Check and/or CANTS Criminal Background Check

Education: High School diploma or GED

Licensure/Certification: Completion of direct service person training program

Experience: None

Physical Requirement: Able to assist with transfers, self care needs, self preservation and behavioral interventions

Other (as pertains to position): Valid driver's license and MVR approval
At least 21 years of age for Child Care Facility

Duties: Provide for the daily care and training/guidance/support of residents/clients in accordance with their individualized service plan and other program directives in areas including, but not limited to:

- socialization
- self care
- independent living
- community living
- self direction
- vocational development
- behavior management

Document all training and program processes/activities.
Supervise health maintenance.

Can you perform the functions of this job with or without an accommodation?

YES _____

NO _____

SIGNATURE OF APPLICANT