



Professional organizations to which you belong: \_\_\_\_\_

Honors, service or other qualifications you have that are related to the position for which you are applying:

\_\_\_\_\_

Please list any languages other than English that you speak or comprehend fluently:

\_\_\_\_\_

**PROFESSIONAL LICENSES AND/OR CERTIFICATIONS**

Type \_\_\_\_\_ Organization or state issued \_\_\_\_\_ Date issued \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**EMPLOYMENT RECORD** (list last or present position first)

<b>Present &amp; Former Employers</b>	<b>Dates Employed</b>	<b>Salary Range</b>	<b>Position &amp; Duties</b>	<b>Reason for Leaving</b>
Name _____ Address _____ Supervisor _____ Telephone _____	From	Starting		
	To	Ending		
Name _____ Address _____ Supervisor _____ Telephone _____	From	Starting		
	To	Ending		
Name _____ Address _____ Supervisor _____ Telephone _____	From	Starting		
	To	Ending		

Are we allowed to contact supervisors listed above?  Yes  No

Please explain all periods of unemployment: \_\_\_\_\_

**NOTE: Applicant is not obligated to disclose sealed or expunged records of conviction or arrest.**

Have you ever been convicted of a crime other than a minor traffic violation?  Yes  No

If Yes, for what, when, where? \_\_\_\_\_



**Greek American Rehabilitation  
& Care Centre**

220 N. First Street Wheeling, IL 60090

**References**

*Please list the name and phone number of at least two professional references not related to you that you have known for at least one year:*

Reference #1: \_\_\_\_\_  
Name Phone Number Company

Reference #2: \_\_\_\_\_  
Name Phone Number Company

**Employment Understanding (Please read and sign)**

The facts set forth in my application for employment are true and correct. 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 policies/procedures, rules and regulations of Greek American Rehabilitation & Care Centre, and that infractions of these may lead to dismissal.

I voluntarily give this institution the right to make a thorough investigation of my past employment, activities, and/or references, and agree to cooperate in such investigation and release from all liability or responsibility all persons, companies or corporations supplying such information. I consent to having a criminal background check performed. I consent to take a pre-employment drug test. I understand that an offer of employment may be contingent on passing the pre-employment drug test.

Finally, I understand that any portion of this application which I fail to answer is cause for non-consideration of employment. My employment, if hired, may be terminated at any time by either party. No contract is implied or offered if I am employed.

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_