

APPLICATION FOR EMPLOYMENT

Judah North Learning Center is an Equal Opportunity Employer

APPLICANT INFORMATION				
Last Name:	First Name:	MI:	Date:	
Address (Street, City, State, Zip Code):				
Phone Number:	Alternate Phone Number:	E-mail Address:		
Please list any other legal names and/or aliases:				
POSITION INFORMATION				
Position(s) applying for: 1. 2.		May we refer your application within the agency for other positions which you may qualify for? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Available start date:	Available weekends if required: <input type="checkbox"/> Yes <input type="checkbox"/> No		Available to work overtime: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you been employed by ? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list dates, locations, and departments:				
Are you related to anyone currently employed by Judah North Learning Center Action OR currently serving on the Board of Directors or Policy Council? <input type="checkbox"/> Yes <input type="checkbox"/> No List Name and relationship:				
Have you served in the Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, dates of service:		Have you lived outside of the state of Illinois in the last five years? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you authorized to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If employed, you must show documents that prove your identity and employment eligibility as required by the Immigration Reform and Control Act of 1986.</i>				
Do you have a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you have a reliable means of transportation? <input type="checkbox"/> Yes <input type="checkbox"/> No		
How did you find out about this job opening? <input type="checkbox"/> Web Site <input type="checkbox"/> Human Resource Office <input type="checkbox"/> Employee <input type="checkbox"/> Newspaper (Identify): <input type="checkbox"/> Other (Please Explain):				
EDUCATION				
	Name and Location of School	Number of Years Completed	Diploma, Degree, or Certificate -Attach Official Transcript(s)-	Course of Study
High School				
College/University				
Other				
Other				
Other				

EMPLOYMENT HISTORY

Dates Employed (Month/Year): to		Position Title:	
Salary Start: \$ Final: \$ <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time		Organization Name and Address:	
May we contact this employer for references? <input type="checkbox"/> Yes <input type="checkbox"/> No		Supervisor's Name/Title:	Supervisor's Phone:
Duties:			
Reason for leaving:			
Dates Employed (Month/Year): to		Position Title:	
Salary Start: \$ Final: \$ <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time		Organization Name and Address:	
May we contact this employer for references? <input type="checkbox"/> Yes <input type="checkbox"/> No		Supervisor's Name/Title:	Supervisor's Phone:
Duties:			
Reason for leaving:			
Dates Employed (Month/Year): to		Position Title:	
Salary Start: \$ Final: \$ <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time		Organization Name and Address:	
May we contact this employer for references? <input type="checkbox"/> Yes <input type="checkbox"/> No		Supervisor's Name/Title:	Supervisor's Phone:
Duties:			
Reason for leaving:			
Dates Employed (Month/Year): to		Position Title:	
Salary Start: \$ Final: \$ <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time		Organization Name and Address:	
May we contact this employer for references? <input type="checkbox"/> Yes <input type="checkbox"/> No		Supervisor's Name/Title:	Supervisor's Phone:
Duties:			
Reason for leaving:			

REFERENCES

Please list at least three professional references. Please do not list any references included in the Employment History section above.

Name	Address	Phone Number

QUALIFICATIONS

Please use the space below to add any additional knowledge, skills, etc., to describe your qualifications.

Yes No Have you ever been convicted of violating any law (omit minor traffic violations)?
If yes, list conviction(s), date(s), and place(s). Conviction is not an automatic rejection.

SIGNATURE - Please read and sign the following statement: I certify that the information given in this application is correct and complete to the best of my knowledge. I am aware that, should investigation at any time show falsification, I will not be considered for employment or, if employed, I may be dismissed and disqualified from future employment. I hereby authorize this Agency to whom my name is certified/referred to make all necessary investigations concerning me, my work habits, character, or my action in any transaction. I understand and agree that I will be required to ratify the information contained in this application by signature as a condition of employment. I also understand that this Agency is a drug free workplace and that substance abuse testing is required.

APPLICANT'S SIGNATURE: _____ DATE: _____

Applications may be mailed, faxed, emailed, or personally delivered to our Central Office.
 Please see below for contact information.

Email: judahfcs@yahoo.com
 Phone: (773) 360-8475
 Fax: (773) 360-7574

