

Lifescape Community Services/Community Kitchen, Inc.

Employment Application

Last Name	First Name	Middle Name	Date of Application
Address		City	Social Security Number
State	Zip	Telephone	How Long at present address? Years _____ Months _____
E-Mail (Optional): _____			

Previous Address if current address is less than 3 years old _____

Lawfully authorized to work in the U.S? No Yes

Have you ever been known by another name? No Yes If yes, list _____

What position(s) are you applying for?

Management Clerical Driver Server Cook Kitchen Help Maintenance Program Aide

LPN/RN Caseworker Other/Specify _____

Full Time Part Time Substitute Temporary Volunteer

Have you completed and passed a food sanitation course? No Yes

If yes, can you provide a copy of your certification? No Yes

Are you professionally licensed? No Yes If yes, nature of license _____

Date of expiration _____ Date of last license, if applicable _____ License Number _____

I understand that if I am offered a Driver position I will be required to provide Lifescape Community Services with proof of a valid driver's license, a current MVR report, and personal automobile insurance coverage. **Please Initial Here.** _____

Have you ever worked for us before? No Yes If yes, give dates of employment _____

Reason for leaving: _____

Do you have friends or relatives working for us? No Yes

If yes, give name(s) and relationship to you such as friend or family member. _____

Did an employee of this company refer you, if so please list name? _____

Are you currently employed? No Yes Are you currently on "lay-off" status and subject to recall? No Yes

Days and times, you are available to work? (Circle day and write down times available)

Mon _____ Tue _____ Wed _____ Thu _____ Fri _____

Can you travel within a four-county area, around Rockford, if required by the position you are applying for? No Yes

List any special skills, training, experiences, awards, or offices held which qualify you for the position(s) for which you are applying. You may exclude membership that would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.

Check any additional skills, equipment operated, or software used.

Access DOS Excel Word Print Master IBM Compatible Microsoft Office Pro

Calculator Typewriter Other/Specify _____

Educational Information	Name of School & Complete Address	Course of Study/ Major	Years Completed	Diploma/Degree Received
High School			1 2 3 4	Yes / No
Undergraduate School			1 2 3 4	Yes / No
Other/Specify			1 2 3 4	Yes / No

Have you ever served in United States Armed Forces? ___ No ___ Yes Please list dates of service: From _____ To _____
 Branch of Service? _____

WORK EXPERIENCE: Begin with your present or last job. (Go back 10 years minimum if available)

Dates	Name & Address of Employer	Rate of Pay	Position	Supervisor & Phone Number	Reason for Leaving
From:					
To:					
From:					
To:					
From:					
To:					

PLEASE READ THE FOLLOWING PARAGRAPH BEFORE SIGNING THIS APPLICATION

I certify the information given herein is true and complete to the best of my knowledge and understand in the event of employment, any false, misleading, or omission of information on this application may result in discharge. If employed, I understand and agree to conform to the rules and policies of Lifescape Community Services, Inc. /Community Kitchen. Employment may be terminated at any time, without prior notice and employment will not be governed by any expressed or implied contract. **I understand and acknowledge, unless otherwise defined by applicable law, any employment relationship with this organization is of an “at will” nature, which means I may resign at any time and the employer may discharge me at any time with or without cause.** I authorize Lifescape Community Services, Inc. /Community Kitchen to conduct any discovery investigation of all statements contained in this application as may be necessary in arriving at an employment decision. I authorize the organization to request reference information from the employers and education information I have provided. As part of the discovery investigation, I may be asked to provide copies of the following items for background investigation: drivers license, certifications, degrees, or other licenses. If I am asked to appear for a pre-employment physical, drug testing, or if a credit investigation is going to be done, I will be required to sign a waiver before any tests or research is completed. **Lifescape Community Services, Inc./Community Kitchen is an Equal Opportunity Employer and does not discriminate in admission to programs or activities or treatment of employment in programs or activities in compliance with the Illinois Human Rights Act; Section 504 of the Rehabilitation Act; the Age Discrimination Act; and the U.S. and Illinois Constitutions.**

I acknowledge and agree to all the above. _____
 Applicant Signature Date

Lifescape Community Services, Inc./Community Kitchen

705 Kilburn Ave., Rockford, IL, 61101, 815/963-1609

Lifescape Community Services, Inc./Community Kitchen is a non-profit organization providing services to the elderly and nutrition services. The applicant listed below has applied to Lifescape Community Services, Inc./Community Kitchen for the position listed below and has listed your organization/company as a reference.

We are requesting you complete the section below and return this form to us in the self-addressed envelope we provided. A fax or copy of this signed form shall be as valid as the original. (Fax to Attn Human Resources at 815-490-1272)

APPLICANT PLEASE COMPLETE THIS SECTION –PROFESSIONAL REFERENCES ONLY

Applicant Name: _____ Date of Request: _____

Position Applying For: _____

Reference Name

Supervisor or Contact person (if different than Reference name)

Reference Address

Reference Phone Number

City, State, Zip

Reference Information Waiver

Lifescape Community Services, Inc./Community Kitchen has my consent to obtain all work-related information from my former employers and other references, whether information is favorable or unfavorable.

I hereby release any individual, including record custodians, from all liability for any kind or nature of damages, which may because of compliance, or any attempts to comply, with this authorization, occur to me at any time.

REFERENCE ORGANIZATION/COMPANY PLEASE COMPLETE THIS SECTION

Date employed from: _____ to _____

Position Held:

Reason for Leaving:

Is applicant eligible for re-hire: Yes No

Good Fair Poor

Attendance

Work Quality

Accuracy

Honesty

Comments _____

Good Fair Poor

Dependability

Relationship w/Co-workers

Acceptance of Supervision