



Human Resources

19351 West Washington Street • Grayslake, Illinois 60030-1198
Phone: (847) 543-2065 • FAX: (847) 543-3065 • TTY: (847) 223-0134
E-mail: jobs@clcillinois.edu • Web site: www.clcillinois.edu

TO APPLICANT: We deeply appreciate your interest in our organization and assure you that we are sincerely interested in your qualifications. Your cooperation in providing a clear understanding of your background and work history will aid us in placing you in the position that best meets your background and experience.

Date: ___ / ___ / ___ Position Desired _____
[] Full-time [] Part-time [] Temporary

PERSONAL INFORMATION:

Name _____
Last First Middle

Address _____
Number Street City State Zip

Telephone Number: (_____) _____ (_____) _____
(area code) Home (area code) Other

E-mail address if applicable _____

Are you under 18? [] Yes [] No (If any doubt exists concerning minimum age you may be required to provide proof of age.)

Are you a U.S. Citizen OR do you have a legal right to work in the U.S.? [] Yes [] No

IMMIGRATION REFORM: The Immigration Reform and Control Act of 1986 requires all employers to verify the identity and employment authorization of all new employees. If you are hired, it will be necessary for you to furnish this documentation. If any doubt exists regarding your eligibility for employment you may be asked to show your visa and/or work permit.

Have you been convicted of a crime or felony more serious than a minor traffic violation? [] Yes [] No
(See note below.)

Please note: You are not obligated to disclose sealed or expunged convictions pursuant to 20 ILCS 2630/12-13. Acknowledgment of a prior conviction will not automatically result in rejection of the applicant's job application or disqualification from consideration for employment. The College will consider, among other factors, the nature of the crime and conviction, the nature of the job responsibilities and the age of the conviction and crime. However, the applicant must answer this question truthfully and accurately.

If your application is considered favorably, on what date will you be available for work? _____

Expected Monthly Salary: _____

EDUCATION INFORMATION:

	<i>Educational Institution and City and State</i>	<i>No. Years Attended</i>	<i>Disciplines Studied</i>	<i>Diploma/Degree Received</i>
<i>High School</i>				
<i>College</i>				
<i>College</i>				
<i>Other Schools/ Institutions</i>				

All applicants must complete the following section as required by Illinois State Law effective January 1, 1988. Information obtained will not be used as a factor in considering your application for employment.

PLEASE CHECK ONE OF THE FOLLOWING:

- I certify that I **am not** in default on an educational loan guaranteed by the State Scholarship Commission under the Higher Education Student Assistance Law, any education loan made by an institution of higher education from the proceeds of a loan to the institution by the Illinois Independent Higher Education Loan Authority under the Illinois Independent Higher Education Loan Authority Act, or any other loan from public funds made for the purpose of financing an individual's attendance at an institution of higher education, in the amount of \$600.00 or more and for a period of 6 months or more.*
- I certify that I **am** in default on an educational loan guaranteed by the State Scholarship Commission under the Higher Education Student Assistance Law, an education loan made by an institution of higher education from the proceeds of a loan to the institution by the Illinois Independent Higher Education Loan Authority under the Illinois Independent Higher Education Loan Authority Act, or a loan from public funds made for the purpose of financing an individual's attendance at an institution of higher education, in the amount of \$600.00 or more and for a period of 6 months or more. If I am employed by the College, I agree as a condition of employment, to make arrangements for repayment of this loan with the maker or guarantor within (6) months from the date of employment. I understand that failure to do so will result in termination of my employment.*

Signature of applicant _____ Date _____

MILITARY INFORMATION:

Were you in the U.S. Armed Services? Yes No

If "yes" what Branch: _____

List duties in service including special training: _____

Do you have current military obligations? _____

EMPLOYMENT RECORD:

Please describe your work interest: _____

Please list all employment starting with present or most recent employer.

1) Position title _____

From _____ To _____ Starting \$ _____ Final \$ _____
(Month/Year) (Month/Year)

Employer's Name _____

Address _____ Phone _____

Supervisor's Name _____ Title _____

Your duties _____

Reason for leaving _____

2) Position title _____

From _____ To _____ Starting \$ _____ Final \$ _____
(Month/Year) (Month/Year)

Employer's Name _____

Address _____ Phone _____

Supervisor's Name _____ Title _____

Your duties _____

Reason for leaving _____

3) Position title _____

From _____ To _____ Starting \$ _____ Final \$ _____
(Month/Year) (Month/Year)

Employer's Name _____

Address _____ Phone _____

Supervisor's Name _____ Title _____

Your duties _____

Reason for leaving _____

4) Position title _____

From _____ To _____ Starting \$ _____ Final \$ _____
(Month/Year) (Month/Year)

Employer's Name _____

Address _____ Phone _____

Supervisor's Name _____ Title _____

Your duties _____

Reason for leaving _____

May we contact the employers listed? Yes No

If not, please indicate by number which one(s) you do not wish us to contact: _____

State what you did in all periods not already covered, including unemployment, part-time, or self-employment.

PERSONAL REFERENCES: (not former employers or relatives)

Name	Address	Phone	Occupation

MISCELLANEOUS:

Have you worked under another name? Yes No

If "yes" state name and place of employment _____

Do you have any family members currently employed at CLC? Yes No

If yes, please specify their name and what department they work in _____

I understand that I am subject to a criminal background investigation in accordance with the laws of the State of Illinois, as set forth under 110 ILCS 12/5 of the Higher Education - Campus Security Act. I further understand that I may automatically be disqualified from consideration for hire or subject to immediate dismissal if the investigation discloses a criminal record of convictions. I authorize the College to initiate a criminal background check and agree to execute any forms required for said investigation.

Date _____ Signature _____

*I understand that the College of Lake County requires a drug screening test as a part of its selection and hiring process for positions in its nursing, health and medical related education programs. I also understand that such drug screening will consist of the taking of urine, or other medically recognized test designed to detect traceable amounts of a controlled substance in my body. If the test result is positive, I will be disqualified from further consideration for a period of at least (1) year. I hereby give my consent to undergo a drug screening test administered by the College of Lake County, and for the College of Lake County to use the results of that drug screening test to further determine my eligibility for employment with the College of Lake County. If employed, I further agree to submit to drug screening if requested of me at any time during my employment. I understand that the results of the drug screening test are confidential and will not be disclosed to others without my specific written consent. **I have read and understand the above statement.***

Date _____ Signature _____

AUTHORIZATION:

I authorize investigation of my personal character or employment record and I hereby release all persons providing this information from any liability or damages. I understand that misrepresentation or omission of facts contained in this application is cause for dismissal. I understand the College of Lake County Conflict of Interest Policy and certify that if I am employed by the College my employment will not violate the policy. Further, I understand and agree that my employment is for no definite period and, regardless of the date of payment of my wages and salary, may be terminated at any time without previous notice.

Date _____ Signature _____

COLLEGE OF LAKE COUNTY

19351 West Washington Street
Grayslake, Illinois 60030-1198
847-543-2065

EQUAL EMPLOYMENT OPPORTUNITY SURVEY

It is necessary for the College of Lake County to collect the following information to evaluate its hiring practices and to prepare Federal and State reports required by law. The information is confidential; it will not be seen by the interviewer and will not be used to make a decision about your employment. Your cooperation by providing the information on a voluntary basis will be appreciated.

* Please return completed form to the Human Resources Office *

Name: _____ Date: _____

Position title or subject area applying for: _____

Availability: Full-Time Part-Time Temporary

Below, please check the spaces which best identify you:

- | | |
|-----------------------------------------------------------------------|---------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Male | <input type="checkbox"/> Hispanic or Latino |
| <input type="checkbox"/> Female | <input type="checkbox"/> White (Not Hispanic or Latino) |
| <input type="checkbox"/> Vietnam Era Veteran | <input type="checkbox"/> Black or African American (Not Hispanic or Latino) |
| <input type="checkbox"/> Disabled as a result of Armed Forces Service | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino) |
| <input type="checkbox"/> Person with a Disability (ADA Regulations) | <input type="checkbox"/> Asian (Not Hispanic or Latino) |
| | <input type="checkbox"/> American Indian or Alaska Native (Not Hispanic or Latino) |
| | <input type="checkbox"/> Two or More Races (Not Hispanic or Latino) |

Citizenship: U.S. Citizen Permanent Resident Temporary Visa

How did you learn of this opportunity?

- Newspaper (please state which paper or publication): _____
- Job Announcement
- Job Fair
- Friend, Name: _____
- Community Agency, Name: _____
- Other: _____

OFFICIAL NOTICE TO PERSONS WITH DISABILITIES (ADA), DISABLED VETERANS, AND VETERANS OF THE VIETNAM ERA

MANDATE - The College of Lake County is a government contractor subject to Section 503 of the Rehabilitation Act of 1973 and Section 402 of the Vietnam Era Veterans Readjustment Assistance Act of 1974 which requires government contractors to take affirmative action to employ and advance in employment qualified handicapped individuals, disabled veterans, and veterans of the Vietnam era.

COMMITMENT AND RESPONSIBILITY - The College of Lake County is an affirmative action/equal opportunity employer, and pursuant to its commitment invites job applications from any qualified person. As part of its responsibility under the above Acts, the College must give applicants the opportunity to identify themselves as handicapped and/or veterans of the Vietnam era or disabled veterans. This information, voluntarily given, is reviewed by the affirmative action officer to assure that the hiring practices are in accordance with affirmative action equal opportunity principles and regulations.

DEFINITIONS

01. A handicapped person is defined as "any person who (1) has a physical or mental impairment which substantially limits one or more of such a person's major life activities, (2) has a record of such impairment, or (3) is regarded as having such an impairment...a handicapped individual is substantially limited if he or she is likely to experience difficulty in securing, retaining, or advancing in employment because of a handicap."
02. A disabled veteran is defined as "any person entitled to disability compensation under laws administered by the Veterans Administration for disability rated at thirty percent or more, or a person whose discharge or release from active duty was for a disability incurred or aggravated in the line of duty."
03. A veteran of the Vietnam era is defined as "a person (1) who (i) served on active duty for a period of more than 180 days, any part of which occurred between August 5, 1964, and May 7, 1975, and was discharged or released therefrom with other than a dishonorable discharge, or (ii) was discharged or released from active duty for a service-connected disability if any part of such active duty was performed between August 5, 1964, and May 7, 1975, and (2) who was so discharged or released within forty-eight months preceding the alleged violation of the [Vietnam Era Veterans Readjustment Assistance Act of 1974], the affirmative action clause, and/or the regulations issued pursuant to the Act."

REQUEST FOR INFORMATION - If you are a handicapped person, a disabled veteran, or a veteran of the Vietnam era, as defined above, and would like to be considered under one of these designated classes, please inform the Human Resources Office at the College of Lake County, 19351 West Washington Street, Grayslake, Illinois 60030-1198, by letter in which you state (1) your designated class (handicapped individual, disabled veteran, veteran of the Vietnam era); (2) if you are handicapped or disabled, the special skills and procedures you use or intend to use to do the job notwithstanding your handicap or disability; (3) the accommodations--including special equipment, changes in physical layout of the job, elimination of certain extraneous duties related to the job--that we could make which would enable you to do the job properly and safely. You may call (847) 543-2065 for information.

ASSURANCE - Submission of the information requested above is voluntary, and refusal to provide it will not subject you to discharge, disciplinary action, or unfair evaluations. Information obtained concerning your medical condition or history shall be kept confidential, except that (i) supervisors and managers may be informed regarding restrictions on the work or duties of handicapped individuals, or disabled veterans and regarding necessary accommodations, (ii) health services and public safety personnel may be informed, where appropriate, if the condition might require emergency treatments, and (iii) government officials investigating compliance with the Act shall be provided relevant information upon request. Failure to come forward at this time does not preclude one from doing so in the future.

Please Return to the Human Resources Office -- An Equal Opportunity/Affirmative Action College