



Dear Applicant:

On behalf of EP!C, thank you for taking the time to fill out an application for employment with us. Before completing our application, please take a moment to read through the following information.

EP!C is a not-for-profit human service agency based in Peoria, Illinois serving individuals with developmental disabilities and their families. EP!C is dedicated to providing individuals with enhanced quality of life experiences through Early Intervention Services, rehabilitation services, transitional services, vocational training, respite services, clinical and family support services, and community-based residential settings. Our programs offer choices, dignity, and independence.

**EP!C's Mission Statement:**

*To enrich to the lives of children and adults with developmental disabilities.*

EP!C strives to provide a safe and healthy environment to both our employees and individuals. Therefore, in compliance with Federal and State of Illinois regulations, EP!C requires all applicants who are considered for employment to consent to and successfully pass the following:

- A TABE test (reading comprehension test – 25 questions)
- Drug testing in accordance with EP!C's Drug and Alcohol policy
- A review of your name against the Health Care Worker Registry in accordance with a mandate by the Department of Human Services and maintained by the Illinois Department of Public Health.
- A criminal history background check which will include fingerprinting in compliance with the Health Care Worker Background Check Act.

Thank you for your time and good luck with your job search.

EP!C Human Resources Department



### Application for Employment

All applicants will be considered for employment without regards to race, gender, color, age, religion, national origin, marital status, sexual orientation, veteran's status, physical or mental disability or any other protected status under federal or state law.  
EPIC is an Equal Opportunity Employer.

#### Personal Information

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street City State Zip Code

Phone Number: ( ) \_\_\_\_\_ Alternate Phone: ( ) \_\_\_\_\_

#### Employment Data

Position title applied for: \_\_\_\_\_

Availability:  Full-time  Part-time  Sub

Shift Preference:  First  Second  Third

Date available: \_\_\_\_\_ Pay Rate Desired: \_\_\_\_\_

Have you ever applied at EPIC before?  Yes  No  
If yes, when? \_\_\_\_\_

Have you worked for EPIC before?  Yes  No  
If yes, when? \_\_\_\_\_ Where? \_\_\_\_\_

What prompted your application (Please be specific)?

- Advertisement - Please list newspaper or other media source: \_\_\_\_\_
- Job Fair
- Internet
- Employee Referral - Please list employee name: \_\_\_\_\_
- Other: \_\_\_\_\_

#### General Information

Have you ever been convicted of a criminal offense?  Yes \*  No  
If Yes, please explain: \_\_\_\_\_

Are you legally eligible to work in the U.S.?  Yes  No

For positions requiring a driver's license:  
Do you have a valid driver's license?  Yes  No

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_

A periodic check of the Public Health, Health Care Worker Registry will be conducted as required by law and company policy. Are you currently being investigated by Public Health? Yes  No   
If yes, describe: \_\_\_\_\_

\* A conviction or being currently charged with a crime does not necessarily disqualify an applicant.

**Employment History**  
(list work experience beginning with the most recent)

Name of Employer:	
Address:	Phone Number:
Dates Employed:	Starting Title / Starting Salary:
Supervisor's Name:	Last Title / Ending Salary:
Duties and Responsibilities:	
Reason(s) for leaving:	
May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Name of Employer:	
Address:	Phone Number:
Dates Employed:	Starting Title / Starting Salary:
Supervisor's Name:	Last Title / Ending Salary:
Duties and Responsibilities:	
Reason(s) for leaving:	
May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Name of Employer:	
Address:	Phone Number:
Dates Employed:	Starting Title / Starting Salary:
Supervisor's Name:	Last Title / Ending Salary:
Duties and Responsibilities:	
Reason(s) for leaving:	
May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	

If you have not been employed continuously, please explain any gaps in your work history: \_\_\_\_\_  
 \_\_\_\_\_

Have you ever been discharged or asked to resign from a job?  Yes  No  
 If yes, explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Education**

	Name & Address of School	Circle Last Grade Completed	Did you Graduate?	Degree / Diploma
High School		<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College / University		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Graduate School		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Special Training				

List any professional or occupational license, registration, or certification you currently hold. List any specialized knowledge, skills or abilities you possess (e.g. typing, word processing, shorthand, computer use, software, clinical skills, etc.) If licensure or certification is required for position applying for, a copy of the document must accompany the application.

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**References**  
(personal or professional references who are not related)

Name	Address	# Years Known	Phone
1.			
2.			
3.			

Do you know anyone that works for EPIC?  Yes  No

Please list: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please write a brief paragraph explaining why you are interested in a position with EPIC:

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## Applicant's Statement

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I certify that the statements made in this employment application are true and complete to the best of my knowledge and belief. I authorize EP!C to make inquiries into any and all information given in this application and during the interviewing process. I hereby release all parties from any and all liability of whatever kind and nature which, at any time, that could result from obtaining such information.

I acknowledge and agree that:

1. Any misrepresentation, falsification, or omission of any facts in this employment application may result in this application being void and termination of employment without liability to EP!C whenever discovered.
2. As a condition of hire and conditional employment, I will consent to the collection of urine, and/or blood or breath specimens from me. I agree to the testing of such specimens for alcohol, drugs, or their metabolites. I agree to the release of those test results and other relevant medical information to EP!C. I acknowledge receipt of a written explanation of the entire screen procedure, including information on the conditions under which a specimen is to be produced, the chain-of-custody procedures, and the nature in which the test results will be reported.
3. This application and/or anything said during the interviewing process does not constitute the terms of an implied employment contract. I understand that any employment offered is for an indefinite duration and at will and that either I or EP!C may terminate my employment at any time with or without notice or cause.
4. EP!C may review my name against the Health Care Worker Registry in accordance with and mandated by the Department of Human Services and maintained by the Illinois Department of Public Health. In the event that there is a finding of abuse, neglect or misappropriation of property, I will not be hired.
5. If hired, I agree to comply with all rules, procedures, and regulations set forth by the Management and Board of Directors of EP!C. The Management and Board of Directors reserve the right to change these rules, policies, and procedures at any time.

I have read the above statements, I understand them and agree with them. I understand that this application is void after 30 days, for all applicants, and that I must submit a new application if I want to be considered for employment after that time.

Signature: \_\_\_\_\_

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



**Health Care Worker Background Check Notice**

In accordance with the Health Care Worker Background Check Act (225 ILCS 46/) (the “Act”) as a health care employer under the Act, EP!C requires a fingerprint-based criminal history records check for applicants and employees working or requesting to work at EP!C. Therefore, EP!C shall initiate a fingerprint-based criminal background records check, requested by the Department of Public Health of you pursuant to the Act, the results of which shall be entered in the Health Care Worker Registry. You have the right to obtain a copy of any criminal records report that indicates a conviction for a disqualifying offense and to challenge the accuracy and completeness of the report through an established Department of State Police procedure of Access and Review. If you are an applicant hired conditionally at EP!C, your employment at EP!C may be terminated if the criminal records report indicates that you have a record of a conviction of any of the criminal offenses enumerated in Section 25 of the Act, unless you obtain a waiver pursuant to Section 40 of the Act. If you are an applicant and EP!C has not hired you conditionally, then you shall not be hired if the criminal records report indicates that you have a record of conviction of any of the criminal offenses enumerated in Section 25 of the Act, unless you obtain a waiver pursuant to Section 40 of the Act. If you are an employee of EP!C, you shall be terminated if the criminal records report indicates that you have a record of a conviction of any of the criminal offenses enumerated in Section 25 of the Act, unless you obtain a waiver pursuant to Section 40 of the Act. Additionally, if after it has originally been determined that you do not have a disqualifying offense, EP!C is notified that you have a new conviction of any of the criminal offenses enumerated in Section 25 of the Act, then your employment at EP!C will be terminated, unless you obtain a waiver pursuant to Section 40 of the Act.

For EP!C to initiate the fingerprint-based criminal history records check, you are required to: (1) have your fingerprints collected electronically and transmitted to the State Police pursuant to the Act; and (2) review, complete, and sign all documents necessary to authorize EP!C to request a fingerprint-based criminal history records check and to obtain the results of the background check. In doing so, you understand that EP!C shall not be liable for the failure to hire or to retain you, whichever the case may be, if you have a record of conviction of any of the criminal offenses enumerated in Section 25 of the Act. You also understand that any information requested is for the sole purpose of obtaining an accurate criminal history records check of you and will not be used to discriminate against you in violation of applicable law. Your failure to fully authorize and comply with any requests made by EP!C to obtain a fingerprint-based criminal history records check will result in automatic termination of your application or your employment at EP!C, as applicable.

**Acknowledgement**

*I hereby acknowledge that the foregoing Notice has been explained to me by EP!C and that I know and understand all of the terms and conditions set forth in the Notice. I certify that all statements made by me for the fingerprint-based criminal history records check of me are true, complete, and correct; and that any false statements will terminate my application or my employment at EP!C, as applicable. I further acknowledge that even if I obtain a waiver, under Section 40 of the Act, that EP!C is not obligated to hire me or to continue my employment, whichever the case may be.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**HEALTH CARE WORKER BACKGROUND CHECK**

Authorization for Criminal History Records Check

I hereby authorize EPIC to request a criminal history records check and I further authorize the Illinois State Police (ISP) to release information relative to the existence or non-existence of any criminal record which might have concerning me to the requestor solely to determine my suitability for employment or continued employment. I further authorize any agency which maintains records relating to me to provide same on request to the ISP or IDPH (Illinois Department of Public Health). I certify that the ISP and any agency, including IDPH, their employees or officers who furnish this information shall be held harmless from any and all liability which would be incurred as a result of releasing such information. I further acknowledge that a health care employer shall not be liable for the failure to hire or to retain an applicant or employee who has been convicted or committing or attempting to commit one or more of the offenses stated in the Health Care Worker Background Check Act (225 ILCS 46 25).

I understand that the information requested below regarding sex, race, height, eye color, and date of birth is for the sole purpose of identification and the gathering of the above-mentioned information about me accurately, and that it will not be used to discriminate against me in violation of the law. I understand that the provision of my social security number is required by law. A facsimile or photographic copy of this authorization will be as valid as the original.

First Name \_\_\_\_\_ Full Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Physical Address (if different): \_\_\_\_\_

Other names used: \_\_\_\_\_ Telephone: \_\_\_\_\_

States Where You Have Lived \_\_\_\_\_ Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Male  Female Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_ (City, State)

Height \_\_\_\_\_ Weight \_\_\_\_\_ Eye Color \_\_\_\_\_ Hair Color \_\_\_\_\_

**Please check appropriate box:**

- Race:**
- Chinese, Japanese, Filipino, Korean, Polynesian, Indian, Indonesian, Asian Indian, Samoan, or any other Pacific Islander
  - Black or African American (not Hispanic or Latino)
  - Hispanic or Latino (Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin)
  - American Indian, Eskimo, or Alaskan native, or a person having origins in any of the 48 contiguous states of the US or Alaska who maintains cultural identification through tribal affiliation or community recognition.
  - Of undetermined race. Of untold mixture
  - Caucasian (No Hispanic or Latino)

**I certify that the above is true and correct and give my consent for my name to appear on IDPH's Health Care Worker Registry as a result of this criminal history records check:**

\_\_\_\_\_  
Signature Date

As a parent or guardian of the above named individual, who is under the age of seventeen, I give my consent for this named individual to have a criminal history records check.

\_\_\_\_\_  
Signature of Parent or Guardian, when applicable Date

