

References Checked ( ) YES ( ) NO

**CHILD LINK, INC.**  
**955 West Cermak Road, 2<sup>nd</sup> Fl**  
**Chicago, IL 60608**  
**Telephone: 312-377-4735**  
**Fax: 312-377-4888**

APPLICATION  
FOR  
EMPLOYMENT  
CHILD LINK  
IS AN EQUAL OPPORTUNITY EMPLOYER

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**Personal Information**

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Name: ( Last, First, Middle)

Social Security Number:

Home Address:

City:

State:

Zip:

Home Phone:

Cell Phone:

Are you a U.S. Citizen (Circle One)

YES

NO

If not a U.S Citizen, give Visa No.

Expiration Date: / /

Drivers License No. \*required\*

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**Position You Are Applying for**

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Title:

Salary Requirement:

Referred By:

Date Available to Start: / /

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**Education Record**

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High, School ( Name, City, State ):

Graduation Date:

Business or Technical School (Name, City, State):

Dates Attended:

Degree Earned:

Undergraduate College (Name, City, State):

Dates Attended:

Degree Major:

Graduate School (Name, City, State)

Dates Attended:

Degree Subject:

**WORK HISTORY** (give information about your last 3 jobs, starting with the most recent)

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1-Employer Dates Employed: / / to / /

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Address:

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City: State: Zip:

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Phone: Ending Salary:

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Title / Duties:

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Manager's Name and Title:

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Reason for Leaving:

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2-Employer Dates Employed: / / to / /

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Address:

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City: State: Zip:

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Phone: Ending Salary:

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Title / Duties:

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Manager's Name and Title:

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Reason for Leaving:

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3-Employer Dates Employed: / / to / /

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Address:

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City: State: Zip:

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Phone: Ending Salary:

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Title / Duties:

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Manager's Name and Title:

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Reason for Leaving:

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**Business / Personal References** (if applying for your first job, you may use academic references)

1-Name: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

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

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Relationship to You: \_\_\_\_\_

2-Name: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

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

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Relationship to You: \_\_\_\_\_

3-Name: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

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

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Relationship to You: \_\_\_\_\_

**Specialized Skills**

**Check Skilled / Equipment Operated**

\_\_\_\_ Fax  
\_\_\_\_ Microsoft Office Suite  
\_\_\_\_ Word  
\_\_\_\_ Excel  
\_\_\_\_ Adobe

\_\_\_\_ SACWIS  
\_\_\_\_ Power Point  
\_\_\_\_ Outlook  
\_\_\_\_ ADP  
\_\_\_\_ Quick Books

Machinery/Mobile/ Production (List)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**FOR PERSONNEL DEPARTMENT USE ONLY**

Position(s) Applied for is Open: ( ) Yes ( ) No

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Position(s) Considered For:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Date \_\_\_\_\_

Arrange Interview: ( ) Yes ( ) No

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Remarks: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Interviewer \_\_\_\_\_ Date \_\_\_\_\_

Employed ( ) Yes ( ) No Date of Employment \_\_\_\_\_

Job Title \_\_\_\_\_ Hourly Rate \_\_\_\_\_ Department \_\_\_\_\_

By \_\_\_\_\_  
NAME AND TITLE DATE

**ACKNOWLEDGEMENT AND AUTHORIZATION READ CAREFULLY BEFORE SIGNING**

I certify that the information contained in this application is true to the best of my knowledge and belief. I understand that any that any willful omission of facts or misrepresentation may disqualify me from further consideration for employment and may result in discharge even if discovered at a later date.

I understand that my employment and compensation can be terminated with or without cause and with or without notice at any time and for any reason at the option of either the employer or my self. No document including, but not limited to, this application, a policy manual, a procedure manual, or a handbook represents an employment contract unless it is so stated in the document and is signed by the executive director.

As part of the employment screening and selection process, the employer requires that background investigations be conducted on all final candidates. The objective of the background investigation is to verify information provided during the application and interviewing process and to help solidify a good job match. If a background investigation is conducted. I will provide my date of birth and year to the employer. I understand that it is intended solely for that purpose and will not be considered in making a hiring decision.

I authorize Child Link, Inc. and its staff to investigate my background as it pertains to employment considerations. This may include investigation of past employers, personal references, education institutions, criminal records, consumer credits reports, and information contained in public records. I release all such persons and sources from any liability in damages on account of having furnished such information.

I authorize that a telephone facsimile (fax) or photocopy of this authorization be accepted with authority as the original.

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Signature of Applicant

Date

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Printed Name of Applicant

Date