



**KREIDER SERVICES**  
 People Reaching Their Fullest Potential

° 500 Anchor Road  
 ° P.O. Box 366  
 ° Dixon, IL 61021  
 ° Tel. (815)288-6691  
 ° Fax (815)288-1636

An Equal Opportunity Employer

**APPLICATION FOR EMPLOYMENT**

PLEASE PRINT

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

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

Telephone number: \_\_\_\_\_ Message number: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Position applying for: \_\_\_\_\_

How did you find out about the position you are applying for, or learn of this company? \_\_\_\_\_

**EMPLOYMENT DESIRED**

Are you interested in:	Regular full-time work?	Yes/No
	Regular part-time work?	Yes/No
	Substitute work?	Yes/No

What days and hours are you available for work: \_\_\_\_\_

Are you available for work on weekends? Yes/No

If hired, on what date can you start work? \_\_\_\_\_

Check the locations that you are available to work at:

\_\_\_ Dixon \_\_\_ Ashton \_\_\_ Amboy \_\_\_ Franklin Grove \_\_\_ Rock Falls \_\_\_ Any

**PERSONAL INFORMATION**

Have you ever applied to or worked for this Company before? \_\_\_\_\_  
 (Please state whether application or previously employed)

If employed, when? \_\_\_\_\_

If hired can you present evidence of your U.S. citizenship or proof of your legal right to live and work in this country? Yes/No

State the name (s) and relationship of relative (s) working at Kreider: \_\_\_\_\_

\_\_\_\_\_



Are you the legal guardian of a Kreider client?      Yes/No

Have you ever been convicted of a crime other than minor traffic violations? Yes/No  
If yes, state nature of the crime (s), when and where convicted and disposition of the case: \_\_\_\_\_

\_\_\_\_\_  
(Note: You are not obligated to disclose sealed or expunged records of conviction or arrest. We run in-depth background checks due to the nature of our work, prior convictions may prevent you from obtaining a job with us. )

Are you charged with an unresolved criminal charge (have you been charged with a crime that has not yet resulted in a plea of guilty, court trial or a dropping of the charge?)      Yes/No      If yes, please explain fully: \_\_\_\_\_

\_\_\_\_\_  
(Note: You are not obligated to disclose sealed or expunged records of conviction or arrest. We run in-depth background checks due to the nature of our work, prior convictions may prevent you from obtaining a job with us. )

### **DRIVING**

Please answer the following questions regarding your driving history.

Are you age 21 or above?      Yes/No      (Note: In order to transport clients, you must be at least age 21)

Do you have a valid Illinois drivers license?      Yes/No

Have you ever had your driver's license revoked or suspended?      Yes/No  
Explain: \_\_\_\_\_

Have you been ticketed for an automobile accident?      Yes/No  
Explain: \_\_\_\_\_

Have you been ticketed for any traffic violation?      Yes/No  
Explain: \_\_\_\_\_



**LICENSURE**

Answer the following questions if you are applying for a position which requires professional licensure or certification:

Are you licensed/certified for the job applied for? Yes/No

Name of license/certification: \_\_\_\_\_ Issuing State: \_\_\_\_\_

License/Certification #: \_\_\_\_\_ Has your license/certification ever been revoked or suspended? Yes/No If yes, state reason (s), date of revocation of suspension and reinstatement date: \_\_\_\_\_

**EDUCATION, TRAINING & EXPERIENCE**

School	Name & Address	# of yrs completed	Did you graduate?	Degree Diploma
High School	_____	_____	_____	_____
College/ University	_____	_____	_____	_____
College/ University	_____	_____	_____	_____
College/ University	_____	_____	_____	_____
College/ University	_____	_____	_____	_____
Vocational/ Business	_____	_____	_____	_____

List any additional course work or training you have received which could be relevant to this position:

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

Please check any of the following areas in which you may have had specialized training:

Manual Communications: \_\_\_\_\_ Task Analysis: \_\_\_\_\_ Mobility Training: \_\_\_\_\_

Have you had experience in working with persons who are hearing impaired? \_\_\_\_\_ sight impaired? \_\_\_\_\_ physically handicapped? \_\_\_\_\_



## EMPLOYMENT HISTORY

List below all present and past employment, starting with your most recent employer:

Name of Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
Type of Business: \_\_\_\_\_  
Telephone #: ( ) \_\_\_\_\_ Your Supervisor's Name: \_\_\_\_\_  
Your position and duties: \_\_\_\_\_  
Starting Wage: \_\_\_\_\_ Ending Wage: \_\_\_\_\_  
Dates of employment: From \_\_\_\_\_ To \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Your position and duties: \_\_\_\_\_  
Starting Wage: \_\_\_\_\_ Ending Wage: \_\_\_\_\_  
Dates of employment: From \_\_\_\_\_ To \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Address: \_\_\_\_\_  
Type of Business: \_\_\_\_\_  
Telephone #: ( ) \_\_\_\_\_ Your Supervisor's Name: \_\_\_\_\_  
Your position and duties: \_\_\_\_\_  
Starting Wage: \_\_\_\_\_ Ending Wage: \_\_\_\_\_  
Dates of employment: From \_\_\_\_\_ To \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

May we contact the employers listed above? If not, which do you not want contacted?

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



## **PROFESSIONAL REFERENCES**

List two (2) references other than supervisor's already noted. (No relatives please)

- 1) Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Tel #: \_\_\_\_\_  
Relationship to you: \_\_\_\_\_
  
- 2) Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Tel #: \_\_\_\_\_  
Relationship to you: \_\_\_\_\_

## **PRE-EMPLOYMENT STATEMENT**

I authorize Kreider Services, Inc., to investigate my background employment record, criminal background, school records, and any other statements contained in this application and release from liability all persons, companies, etc., supplying information about me. I certify that the information on this application is true and understand that any false information given by me shall be grounds for termination, if I am employed by Kreider Services, Inc.

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

NOTE: This application will remain active for 90 days. If you wish to up-date the application you may do so by calling or stopping in the Kreider Services, Inc.

**VOLUNTARY DISCLOSURE OF  
EQUAL EMPLOYMENT OPPORTUNITY DATA**



It is Kreider Services, Inc.'s policy to provide equal employment opportunity to all persons regardless of their race, sex, color, religion, national origin, age, physical or mental disability, disabled veteran, or Vietnam Era Veteran status, except where sex is a bona fide occupational qualification.

Your assistance in voluntarily completing this form will provide the information needed for Kreider Services, Inc., to comply with federal record keeping and reporting requirements. This form is confidential and will be immediately separated from the application and routed to the Equal Employment Opportunity Officer.

Name (Last, First, MI): \_\_\_\_\_  
Position Applied For: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_

**PLEASE CHECK FOR APPROPRIATE BOX IN EACH OF THE  
FOLLOWING SECTIONS:**

**SEX**

\_\_\_\_\_ Male  
\_\_\_\_\_ Female

**VIETNAM ERA VETERAN**

\_\_\_\_\_ Yes, I served honorably on active duty for more than 180 days, continuously between August 5, 1964 and May 7, 1975

**RACE**

\_\_\_\_\_ White  
\_\_\_\_\_ Black or African American  
\_\_\_\_\_ Hispanic or Latino  
\_\_\_\_\_ Asian  
\_\_\_\_\_ Native Hawaiian/Pacific Islander  
\_\_\_\_\_ American Indian/Alaskan Native  
\_\_\_\_\_ Two or more races

**SPECIAL DISABLED VETERAN**

\_\_\_\_\_ Yes - meaning:  
\* A veteran who is entitled to compensation for a disability.  
\* A person who was released from active duty because of a service connected disability.