



27255 N. Fairfield Road, Mundelein, Illinois 60060  
847-487-9455

# APPLICATION FOR EMPLOYMENT

All applicants are considered for employment without regard to race, color, religion, sex, national origin, marital status, veteran, medical condition or challenges.

Date \_\_\_\_\_

**(PLEASE PRINT)**

PERSONAL								
Position Desired				Social Security Number				
Name								
Last		First			Middle			
Address								
Street or P.O. Box					Apt No.			
City		State			Zip Code			
Telephone Number				Work Number		May We Contact You at Work?		
Have you previously applied for employment with ABTC?				If yes: Month /Year and Position				
Yes		No						
Desired start date:				Desired Wage/Salary:				
Availability:	Full-time	Part-time	Days	Evenings	Overnights	Weekends	Holidays	
If needed, are you available to work overtime?			Yes		No			
Are you legally eligible to work and able to provide verifiable documentation for employment in the United States?						Yes		No
Are any family members/relatives currently employed with ABTC?				Yes		No		
If yes, please name Department where they are employed.								
Is there any known reason why you may not be able to perform consistently and promptly any of the job duties?						Yes		No
If yes, please explain how ABTC may accommodate you?								

## REQUIREMENTS

THE FOLLOWING QUESTIONS **MUST** BE ANSWERED.

Have you ever been convicted of a felony or misdemeanor? (The applicant is not obligated to disclose sealed or expunged records of conviction or arrest. Conviction will not necessarily disqualify applicant from employment)

Yes                  No

If yes, describe in full:

Have you ever had a child abuse complaint filed against you by an individual or a government agency?

Yes                  No

If yes, identify the government agency and the status of the complaint:

Are you 25 years of age or older?

Yes                  No

Driver's License Number

State

Expiration

## EDUCATION

**PROOF OF HIGHEST EDUCATIONAL LEVEL WILL BE REQUIRED PRIOR TO EMPLOYMENT.**

School	Name and Location of School	Major	Years Completed	Did you Graduate?	Degree or Diploma
Graduate					
College					
Business/ Trade/ Technical					
High School					
Elementary					





**LANGUAGE SKILLS**

List languages in which you are skilled and indicate level of proficiency in each area.

LANGUAGE	READING	WRITING	SPEECH
	Advanced Intermediate Beginner	Advanced Intermediate Beginner	Advanced Intermediate Beginner
	Advanced Intermediate Beginner	Advanced Intermediate Beginner	Advanced Intermediate Beginner

**PROFESSIONAL ASSOCIATIONS/LICENSING**

List any licenses, professional organizations, training or recognition that are relevant to the position for which you are applying.

**JOB RELATED SKILLS**

List any additional skills you feel are relevant to the position for which you are applying.

**MILITARY RECORD**

Complete, if applicable.

MILITARY STATUS:

ACTIVE DUTY:

DUTIES/TRAINING WHILE IN THE MILITARY:

**PERSONAL REFERENCES**

Please do not include former employers or relatives.

Name and Occupation	Address	Phone Number

**APPLICANT PLEASE READ CAREFULLY**

I understand that the information provided on this application and accompanying resume, if any, is factual and complete to the best of my knowledge. I understand that any misrepresentations, distortions, omissions or false statements on this application, my resume or during my interview is grounds for not being considered for employment or termination should I be hired, regardless of when discovered by the Agency.

I voluntarily give the right to ABTC, to make a thorough investigation of my past employment and activities, agree to cooperate and release all liability and responsibility to all persons, companies or corporations supplying such information. I consent to take the employment physical examinations and such future physical examination as may be required by Alternative Behavior Treatment Centers, at such times and places as Alternative Behavior Treatment Centers shall designate.

Employment at Alternative Behavior Treatment Centers is "at will." Either party can terminate employment, at any time, and for any reason. This includes termination with or without cause, and with or without notice.

Statements on job applications, or in employee handbooks, training manuals, or other documents, do not constitute or imply an employment contract and should not be relied upon by the employee or job applicant under any circumstances as assuring continued employment or superceding Alternative Behavior Treatment Centers "at will" employment policy.

I understand that acceptance of an offer for employment does not create a contractual obligation upon the employer to continue to employ me in the future.

Please fax to HR at 847-487-2061

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

HUMAN RESOURCES USE ONLY			
Remarks:			
Interviewer/Date			
Offer Made	Yes	No	Start Date
Job Title	Department		

REFERENCE CHECK		
EMPLOYER	PERSON CONTACTED	RESULTS
1		
2		
3		



Voluntary Affirmative Action Information  
(Completion of information is voluntary)

**Alternative Behavior Treatment Centers** considers applicants for all positions without regard to race, color, religion, gender, national origin, age, marital or veteran status, the presence of a non-job related medical condition or handicap, or any other legally protected status.

As required, we comply with government regulations including Affirmative Action obligations where they apply.

In an effort to comply with requirements regarding government record keeping, reporting and other legal obligations, we ask that you complete this applicant survey. Your cooperation is appreciated.

Please be advised that your survey is **NOT** part of your official application for employment. It is considered confidential information, which will not be used in any hiring decision.

Date\_\_\_\_\_

Desired  
Position\_\_\_\_\_

Applicant\_\_\_\_\_

Address\_\_\_\_\_

How did you hear about the position for which you applied?

\_\_\_\_\_Job Fair                      \_\_\_\_\_Newspaper (Please name  
paper)\_\_\_\_\_

\_\_\_\_\_Walk-in                      \_\_\_\_\_Employee Referral (Please name  
employee)\_\_\_\_\_

\_\_\_\_\_Internet                      \_\_\_\_\_Other (Please  
list)\_\_\_\_\_

\_\_\_\_\_Agency Web Site

Please check appropriate responses.

\_\_\_\_\_Male                      \_\_\_\_\_Vietnam Veteran                      \_\_\_\_\_Disabled Veteran

\_\_\_\_\_Female                      \_\_\_\_\_Disabled

If disabled, please list nature of  
disability\_\_\_\_\_

\_\_\_\_\_Black/African American                      \_\_\_\_\_White                      \_\_\_\_\_American Indian/Alaskan Native

_____Asian/Pacific Islander	_____Hispanic	_____Other
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**\*\*TO BE COMPLETED BY APPLICANT\*\*NOT FOR INTERVIEW PURPOSES\*\***  
**TO BE FILED SEPARATELY FROM APPLICATION**