

THE LARKIN CENTER  
 1212 Larkin Avenue  
 Elgin, IL 60123-6098  
 Phone (847) 695-5656

Teaching Skills – Changing Lives

PLEASE PRINT ALL INFORMATION

Thank you for considering The Larkin Center as a potential employer. All of our direct care positions require physical activity and good written/verbal communication skills.

All persons shall have equal employment with The Larkin Center regardless of race, color, religion, sex, marital status, national origin, or sexual preference, and within the framework of the federal law regarding age discrimination, employment of persons with disabilities and Vietnam era veterans. Employment shall be based solely on the Agency's need and the individual's qualifications.

In order to meet the Illinois Department of Children and Family Services (DCFS) requirements, depending on the position, you must be prepared to provide proof of the following:

1. That you are a minimum of 21 years of age.
2. You have a valid Illinois Driver's License.
3. You have minimum education High School diploma or GED.
4. You have never been convicted or indicated of a felony, Child Abuse, and/or Child Neglect.

**PERSONAL**

Last	First	Middle	Social Security Number
Present Address (Street, City, State, Zip Code)			Phone ( )
In Case of Emergency Notify:		Relationship	Phone ( )
Position being applied for		If hired, can you prove you are of legal employment age? ( ) Yes ( ) No	

Are you applying for:      Regular full-time work? ( ) Yes ( ) No  
                                      Regular part-time work? ( ) Yes ( ) No  
                                      Temporary work (e.g. Summer or Holiday work)? ( ) Yes ( ) No

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

If applying for temporary work, during what time period will you be available? \_\_\_\_\_

Are you able to work: weekends? ( ) Yes ( ) No;                      Overtime? ( ) Yes ( ) No

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

Salary desired: \_\_\_\_\_

Have you ever applied to or worked for The Larkin Center? ( ) Yes ( ) No

If yes, when? \_\_\_\_\_

Do you have any friends or relatives currently working for The Larkin Center? ( ) Yes ( ) No

If yes, state name(s) and relationship: \_\_\_\_\_

Have you ever been convicted or indicted of a felony, Child Abuse, or Child Neglect? ( ) Yes ( ) No

If yes, state the nature of same, when and where convicted and disposition of the case. \_\_\_\_\_

...

## EDUCATION

NAME AND ADDRESS OF SCHOOL	TYPE OF COURSE OR MAJOR	GRADUATE	DEGREE	AWARDED
High or Prep School				
Business or Special				
College or Graduate School				
Other Seminars, Adult Education and/or Correspondence Courses				

## EMPLOYMENT HISTORY

Start with last or present employer. Do not include military time. Include part-time and self-employment. Explain periods of non-employment in the sequence.

**1**

1. Company	Employed	Your Responsibilities	
Address	From:		
	To:		
Job Title	Base Salary	Reason for Leaving	
Name of Supervisor	First:		
	Last:		
Title of Supervisor	Other Compensation	May we contact this employer?	Phone No.

**2**

Company	Employed	Your Responsibilities	
Address	From:		
	To:		
Job Title	Base Salary	Reason for Leaving	
Name of Supervisor	First:		
	Last:		
Title of Supervisor	Other Compensation	May we contact this employer?	Phone No.

**3**

Company	Employed	Your Responsibilities	
Address	From:		
	To:		
Job Title	Base Salary	Reason for Leaving	
Name of Supervisor	First:		
	Last:		
Title of Supervisor	Other Compensation	May we contact this employer?	Phone No.

## SPECIAL SKILLS

Business Machines You Can Operate	Language (Speak, Read, Write)
Computer Skills Hardware: _____ Software: _____	
Word Processing/Typing Speed	
Words Per Minute	
Steno Speed  _____ Gregg _____ Pittman _____ Speedwriting	
Do You Have an Illinois Driver's License? (Applies only where necessary for job performance.)	
Professional (Not Social or Civic) Organizations in which you now hold membership	

Do you have any prior experience in caring for or working with severely emotionally disturbed/behavior disordered children and adolescents? ( ) Yes ( ) No

If Yes, please explain:

---



---



---

Do you have any other experience, training, qualifications or skills which you feel make you especially suited for work at The Larkin Center? If so, please explain: \_\_\_\_\_

---



---

### ANSWER THE FOLLIWNG QUESTIONS IF YOU ARE APPLYING FOR AN EDUCATIONAL POSITION:

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

Type of license/certification: \_\_\_\_\_

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

License/Certification Number: \_\_\_\_\_

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

---



---

### ANSWER THE FOLLOWING QUESTIONS IF YOU ARE APPLYING FOR A CHILD SERVICE POSITION:

Do you have a valid driver's license? ( ) Yes ( ) No

Driver's License Number: \_\_\_\_\_ Issuing State: \_\_\_\_\_ Date of Expiration: \_\_\_\_\_

Has your Driver's License been revoked or suspended within the past three (3) years? ( ) Yes ( ) No

**REFERRALS**

Referred to us by (Indicate Name)	Agency	Newspaper Ad	An Employee of Our Agency
	Outside Referral	School	On My Own

**MILITARY**

Have you served in the military service: ( ) Yes ( ) No      Dates served: From _____ To _____
If you answered "Yes" above, what was your rank upon discharge? _____
Describe duties while in the service and special skills learned: _____ _____ _____

<b>COMMENTS BY APPLICANT</b> _____ _____
--

**PLEASE READ CAREFULLY BEFORE SIGNING**

I certify that the facts contained in this application are true to the best of my knowledge. I understand that any false statements, omissions, or misrepresentations on this application may be considered sufficient cause of rejection of this application or dismissal if I have been employed, no matter when discovered by The Larkin Center.

I hereby authorize The Larkin Center to thoroughly investigate my references, employment record and other matters related to my suitability for employment and, further authorize my former employers to disclose to The Larkin Center any and all reports and other information related to my work record, without giving me prior notice of such disclosure. In addition, I hereby released The Larkin Center, former employer(s) and all references listed above, from any and all claims, demands or liabilities arising out of or relate to such investigation or disclosure.

I understand that if hired, a condition of employment will be that I abide by The Larkin Center's rules, regulations, policies and satisfactorily pass a criminal background check, drug test and medical examination after an offer of employment. I consent to these investigations, examinations and tests and agree that the results be disclosed to The Larkin Center. I further understand that my continued employment is contingent upon satisfactory job performance including but not limited to maintaining DCFS eligibility and satisfactorily passing scheduled medical examinations and drug tests.

I understand that nothing contained in this application, or conveyed during any interview which may be granted, is intended to create an employment contract. I further agree that if I am hired, my employment is for no definite period and may be terminated at any time, without prior notice, at the option of either myself or The Larkin Center. I further understand that no representatives of The Larkin Center have the authority to make any assurance to the contrary.

I understand that filling out this application does not indicate there is a position open and does not obligate The Larkin Center to hire me.

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date

Rev. 9/96

**THE LARKIN CENTER**  
**1212 Larkin Avenue**  
**Elgin, IL 60123-6042**  
**847-695-5656**

**ADDENDUM TO EMPLOYMENT APPLICATION**

The Larkin Center is a child welfare agency and residential institution licensed by the Illinois Department of Children and Family Services.

Section 2215.5 (b) of the Child Care Act regulating such licensure states that any applicant or employee of The Larkin Center regularly transporting children must meet the requirements specified on CFS form 671. Most significantly, it states that the applicant or employee must hold a valid driver's license for a minimum of three (3) years immediately prior to the date of application.

In addition, this license must not have been revoked or suspended for one or more traffic violations.

Eligibility criteria for transporting children per Section 2215.1 (b) are as follows:

1. is 21 years of age; and
2. has a valid and properly classified driver's license issued by the Secretary of State; and
3. has held a valid driver's license, which has not been revoked or suspended for one or more traffic violations for three (3) years immediately prior to the date of the application; and
4. demonstrates physical fitness to operate vehicles by submitting the results of a medical examination conducted by a licensed physician within the previous 90 days on a CFS 602 on the file at the facility; and
5. has not been convicted of more than two offenses against traffic regulations governing the movement of vehicles within a twelve-month period; and
6. has not been convicted of reckless driving or driving under the influence or manslaughter or reckless homicide resulting from the operation of a motor vehicle within the past three (3) years; and
7. has not, through the unlawful operation of a motor vehicle, caused an accident resulting in the death of any person within five (5) years.

For the purposes of this policy, The Larkin Center considers the following staff as regularly transporting children:

Child Care Workers, Therapists, Recreation Staff, Teachers, Teacher Assistants, Residential Supervisors, Registered Nurse, Nurse's Assistant, Educational Liaison.

Your signature below affirms your understanding of Section 2215.1 (b) of the Child Care Act.

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

Date of Signing: \_\_\_\_\_

**THE LARKIN CENTER  
1212 LARKIN AVENUE  
ELGIN, IL 60123  
847-695-5656**

**Job Applicant Questionnaire**

As an adult, I have verbally abused a child.

Yes \_\_\_ No \_\_\_

If yes, explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

As an adult, I have physically abused a child.

Yes \_\_\_ No \_\_\_

If yes, explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

As an adult, I have engaged in sexual activity with a child.

Yes \_\_\_ No \_\_\_

If yes, explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Name (Please Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date