

Continuing Recovery Center, Inc.

202 West Central
Irving, IL 62051

Phone: 217-533-4441
Fax: 217-533-4303

Job Application

Personal Information			
Last	First	MI	Email
Street Address	City	ST	Zip
Home Phone		Mobile Phone	
Are you entitled to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you 18 or older? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you been convicted of a felony or been incarcerated in connection with a felony in the past seven years? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please explain:	
Military Service? <input type="checkbox"/> Yes <input type="checkbox"/> No	Branch	Are you a veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No	War
What position are you applying for?		How did you hear about this position?	
Expected Hourly Rate (optional)	Expected Weekly Earnings (optional)	Date Available	

Prior Work Experience			
	Current or Most Recent	Prior	Prior
Employer			
Address			
City, ST, ZIP			
Telephone			
Name of Immediate Supervisor			
Dates of Employment	From To	From To	From To
Position/Job Title			
Pay (optional)			
Reason for Leaving			
May We Contact	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Education			
Name/Location	Last Year Complete	Degree	Major or Emphasis
High School	9 10 11 12		
College/University	1 2 3 4		
Trade School			
Other			
List any applicable special skills, training or proficiencies.			

Personal References			
	Reference 1	Reference 2	Reference 3
Name			
Address			
City, ST, ZIP			
Telephone			

Disclaimer - By signing, I hereby certify that the above information, to the best of my knowledge, is correct. I understand that falsification of this information may prevent me from being hired or lead to my dismissal if hired. I also provide consent for former employers to be contacted regarding work records.	Signature	Date
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