



Goldie B. Floberg Center
Application for Employment

58 W. Rockton Rd. Rockton, IL 61072
 PH: (815) 624-8431
 Fax: (815) 624-8461

FOR OFFICE USE ONLY

- GC NGF
 BC Other
 DR (see back)

Date: _____

First Name: _____ M.I.: _____ Last Name: _____

Other name(s) used: _____ Are you 21yrs old or older?: Yes / No If No, list age: _____

Mailing Address: _____ Apt./Unit #: _____

City: _____ State: _____ Zip: _____ Phone Number: _____

How did you hear about this job: _____ If online, list site: _____

Were you referred by an employee: _____ List employee name: _____

Date available for work: _____ Salary required: _____ per _____

Do you wish to be put on our email/SMS list to receive notification of open positions?: Yes / No

Email address: _____

Positions of Interest

Mark desired position	Position	Hours of shifts	Shift Availability	Required training/certification
	Direct Support Professional <i>(Full-time staff must be available for all shifts)</i>	7:00am-3:00pm (<i>weekends only</i>) 6:30am-8:30am, 3:00pm-9:00pm 3:00pm-11:00pm 11:00pm-8:00am <i>(Hours vary slightly depending on site)</i>	All Shifts (self-scheduling)	High School Diploma/GED
	Qualified Intellectual Disabilities Professional (QIDP)	8:30am-5:00pm 12:00pm-8:30pm (1/week) Self-assigned weekend shift (1/month)	All shifts noted On-call rotation	Minimum of a Bachelor's Degree in human services field + 1 year experience serving people with developmental disabilities.
	Nurse	6:30am-3:00pm 2:30pm-11:00pm <i>Including weekend shifts</i>	All shifts noted	Registered Nurse
	Maintenance Staff	7:30am-4:30pm (M-F)	All shifts noted On-call rotation	High School Diploma/GED + related experience.
	Clerical Staff	8:30am-5:00pm (M-F)	All shifts noted	High School Diploma/GED

Desired employment status:

- ___ Full-time ≥ 80 hours per pay period
 ___ Part-time ≥ 16 weekend hours
 ___ Seasonal

1. Have you ever worked for our agency under any other name? Yes _____ No _____
2. Have you ever applied to our agency before? Yes/Date _____ No _____
3. Are you a United States citizen? Yes _____ No _____
4. Have you ever been named in a child abuse complaint? Yes _____ No _____
5. Have you ever been convicted of a crime? Yes _____ No _____
 If yes, explain: _____
6. Have you ever been convicted of Driving Under the Influence, driving while being impaired, driving while intoxicated or any similar offenses relating to drugs/alcohol? Yes _____ No _____
7. It is an essential function of the Direct Care positions, as well as other listed positions to have the ability to lift a minimum of 50 lbs. or more. and exert up to 100 lbs. of force. Are you able to meet these requirements? Yes _____ No _____

Education

Institution Type	Name & Address of School	Last year completed (circle)	Course of study	Did you graduate	Diploma, G.E.D., Certificate, or Degree
High School		9 10 11 12	General	Yes / No	
College		1 2 3 4		Yes / No	
Other (specify)				Yes / No	

Special courses: please list any additional training that you may have received, including military training, apprenticeship programs, vocational training, courses and/or seminars.

Personal References

References may not include relatives

Name

Phone Number

Relationship

1. _____
2. _____
3. _____

Employment History

Please list most recent employment first:

Start/End Date (Month and Year)	Name and Address of Employer	Salary	Position	Reason for leaving
to				
to				
to				
to				

Have you had any experience working with persons who have physical or mental disabilities? If so, please describe:

Our Values. Our Culture. Your Career.

At the Goldie B. Floberg Center our culture and very essence focuses around our values. We look for motivated individuals that value what we value and strive to implement these values in everything that they do. As part of our employment consideration process all applicants are asked to provide an example of how they live or exemplify the following values in his/her own life or how they would strive to do this if employed by the Goldie B. Floberg Center. Examples must be descriptive but should not include identifying or private information.

Client Satisfaction: We value the happiness and sense of well being we create when we serve effectively. We value those who love to serve our clients and their families.

Teamwork: We value being able to communicate openly and honestly with one another. We value helping each other to implement our mission regardless of what our role in the agency is. We value having fun while we work hard.

Integrity: We value being honest in all that we do. We value acting the same at all times no matter who is watching. We value being accountable to those we serve and to each other.

Empowerment: We value empowering the people we serve to live their lives in a way that realizes their dreams and aspirations. We value empowering our staff members so that they can implement our mission in ways that best meets the needs of the people we serve.

Growth: We value growth of our agency through innovation and developing services of value to the people we serve. We value personal growth through rising to new challenges, a perpetual drive to improve, and life-long learning.

Statement of Confidentiality

I am aware that any statement that reveals any information regarding individuals that receive services from the Goldie B. Floberg Center is a breach of confidentiality. I am also aware that any description of a client that is specific enough to make identification of a client possible is a breach of confidentiality. Termination of my involvement of employment with the Goldie B. Floberg Center does not relieve me of the responsibility to adhere to the guidelines outlined here as well as the Confidentiality Act. Violation of the Confidentiality Act is a Class A Misdemeanor. I am aware that violation of this policy would result in disciplinary action and possible dismissal. I respectfully agree to sign below and promise to abide by the above regulations.

Signature of Applicant

Date

Authentication of Information

I certify that the information I have given is correct, to the best of my knowledge, and thereby give permission to the Goldie B. Floberg Center to validate any and all information unless otherwise specified in writing.

If any of the above information or any information given in an employment interview is falsified, I understand this will be cause for immediate dismissal. In consideration of my employment, I agree to conform to the rules and regulations of the Goldie B. Floberg Center. I agree that my employment can be terminated, with or without cause and with or without notice, at any time, at the option of the Goldie B. Floberg Center for myself. I understand that no supervisor, coordinator or any other representative of the Goldie B. Floberg Center, other than the President/CEO, has the authority to enter into any agreement for employment for any specific period of time or to make any agreement contrary to the foregoing.

Signature of Applicant

Date

Conditional Employment Agreement

I understand that employment with the Goldie B. Floberg Center depends upon the Center receiving a completed physical from a physician stating that I am physically and emotionally fit to perform the job duties as described in my job description. I understand that I am required to have my physical completed within 7 days of hire. I understand that my employment will be terminated if I do not have my physical done by the specified time frame or if the physician finds me medically or emotionally unable to perform the job duties as described in my job description.

I understand that continued employment with the Goldie B. Floberg Center depends upon the Center receiving a clear background check from the State of Wisconsin, Illinois Department of Children & Family Services (DCFS), law enforcement agencies, fingerprinting identification, Federal Bureau of Investigation, and all other applicable clearances. I also understand that employment is contingent upon the Center receiving reports verifying that I have not been named in a child abuse or neglect case or have any other offenses that would prevent me from working with clients of the Goldie B. Floberg Center. I understand that I am required to report any violation of a public act or law that occurs while I am an employee of the Goldie B. Floberg Center to the Director of Talent the first business day following the incident.

Signature of Applicant

Date

Pre-Employment Drug Testing Consent

I have applied for employment (permanent, temporary, or contractual), internship or volunteer opportunity with the Goldie B. Floberg Center and as a condition of service, I must be and I must remain drug free. I understand that the Goldie B. Floberg Center is a drug free workplace and the use of drugs or alcohol in the workplace is prohibited. I agree to undergo a pre-employment drug screen within forty-eight (48) hours of notification. I understand that failure to do so will terminate my consideration for employment. I understand that if my pre-employment test results are positive, or if I fail to undergo the pre-employment drug screen within the time allotted, my application will not be considered any further.

I hereby give consent to and authorize the Goldie B. Floberg Center and its agents, employees, and/or physician, laboratory, hospital or medical professional retained by the Goldie B. Floberg Center to collect an unadulterated urine specimen and to use such specimen to conduct drug screening and provide the results to the Goldie B. Floberg Center and Department of Children and Family Services (DCFS). I understand that failure to respond to the Medical Review Officer within forty-eight (48) hours of his/her initial contact will have the same effect as a positive drug screen and consideration for employment will be denied.

I hereby release and hold harmless the Goldie B. Floberg Center, its agents and employees, and any other agency and its employees, agents which provide information pursuant to this consent from all liability which may be incurred as a result of the drug screen or the disclosure of its results, including claims under any federal state or local civil right law.

Applicant Signature

Date

Witness Signature

Date

Certification

I hereby certify that I have not failed a drug screen or been denied employment due to a failed drug screen within the last six (6) months.

Applicant Signature

Date

Witness Signature

Date