

APPLICATION FOR EMPLOYMENT

MACON RESOURCES, INC. (MRI)
2121 HUBBARD AVENUE
P O BOX 2760
DECATUR, IL 62524-2760
(217) 875-1910

We consider applicants for all positions without regard to race, color, religion, sex, sexual orientation, national origin, age, marital or veteran status, the presence of a non-job-related disability or any other legally protected status.

NOTE: AS CONDITIONS OF EMPLOYMENT, ALL NEW EMPLOYEES OF MACON RESOURCES, INC. (MRI) WILL BE REQUIRED TO PASS A DRUG TEST AND THE HEALTH CARE WORKERS' CRIMINAL BACKGROUND CHECK.

(PLEASE PRINT)

Date of Application: _____

Position(s) Applied For:

- | | | |
|---|--|---|
| <input type="checkbox"/> Direct Care | <input type="checkbox"/> Children's Dept | <input type="checkbox"/> Animal Care (Homeward Bound Pet Shelter) |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Case Management | <input type="checkbox"/> Food Service (Macon Ice Cream & More) |
| <input type="checkbox"/> Janitorial/Lawn Care | <input type="checkbox"/> Administrative | <input type="checkbox"/> Other _____
(Specify) |

How Did You Learn About Us?

- | | | |
|--|-----------------------------------|--------------------------------------|
| <input type="checkbox"/> Advertisement | <input type="checkbox"/> Friend | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Employment Agency | <input type="checkbox"/> Relative | <input type="checkbox"/> Walk-In |

Last Name	First Name	Middle
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Address	Number	Street	City	State	Zip Code
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Telephone Number(s)	Social Security Number
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If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes
 No

Have you ever filed an application at MRI before? Yes No

If Yes, give date _____

Have you ever been employed with MRI before? Yes No

If Yes, give date _____

Are you currently employed? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?
Proof of citizenship or immigration status will be required upon employment. Yes No

On what date would you be available for work? _____

Are you available to work: Full Time Part Time Shift Work Temporary

Are you currently on "lay-off" status and subject to recall? Yes No

Can you travel if a job requires it? Yes No

Have you ever been convicted of a crime? (Per Public Law 93.211, please exclude any sealed or expunged records of arrests or convictions)

Yes No

MRI must be in compliance with the Health Care Workers' Background Check Act of 1996 and as amended. Any applicant(s) offered conditional employment and later determined to have been convicted of any of the enumerated offense(s) listed within the act shall be considered ineligible for hire. Hiring decisions shall comply with the provisions of Public Law 93.211.

If Yes, please explain _____

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Are you a relative of anyone currently on the MRI Board of Directors? *Will not necessarily disqualify you from employment.*

Yes No

Do you have any relatives currently working at MRI? *Will not necessarily disqualify you from employment.*

Yes No

HEALTHCARE WORKER'S BACKGROUND CHECK ACT

- a. Solicitation of Murder
- b. Solicitation of Murder for Hire
- c. First Degree Murder
- d. Intentional Homicide on an Unborn Child
- e. Second Degree Murder
- f. Voluntary Manslaughter of an Unborn Child
- g. Involuntary Manslaughter and Reckless Homicide
- h. Concealment of Homicidal Death
- i. Involuntary Manslaughter and Reckless Homicide of an Unborn Child
- j. Drug Induced Homicide
- k. Kidnapping
- l. Aggravated Kidnapping
- m. Unlawful Restraint
- n. Aggravated Unlawful Restraint
- o. Indecent Solicitation of a Child
- p. Sexual Exploitation of a Child
- q. Sexual Misconduct with a Person with a Disability
- r. Exploitation of a Child
- s. Child Pornography
- t. Battery
- u. Aggravated Domestic Battery
- v. Aggravated Battery
- w. Heinous Battery
- x. Aggravated Battery with a Firearm
- y. Aggravated Battery with a Machine Gun or a Firearm Equipped with Any Device or Attachment Designed or Used for Silencing the Report of a Firearm
- z. Aggravated Battery of a Child
- aa. Aggravated Battery of an Unborn Child
- bb. Aggravated Battery of a Senior Citizen
- cc. Drug Induced Infliction of Great Bodily Harm
- dd. Criminal Sexual Assault
- ee. Aggravated Criminal Sexual Assault
- ff. Predatory Criminal Sexual Assault of a Child
- gg. Permitting Sexual Abuse of a Child
- hh. Criminal Sexual Abuse
- ii. Aggravated Criminal Sexual Abuse
- jj. Abuse and Criminal Neglect of a LTC Facility Resident
- kk. Criminal Abuse or Neglect of an Elderly Person or Person with a Disability
- ll. Financial Exploitation of an Elderly Person or a Person with a Disability
- mm. Armed Robbery
- nn. Vehicular Hijacking
- oo. Aggravated Vehicular Hijacking
- pp. Aggravated Robbery
- qq. Theft (as a misdemeanor)
- rr. Theft of Lost or Mislaid Property
- ss. Retail Theft (as a misdemeanor)
- tt. Criminal Trespass to Residence
- uu. Reckless Discharge of a Firearm
- vv. Practice of Nursing without a License
- ww. Cruelty to Children
- xx. Receiving Stolen Credit Card or Debit Card
- yy. Receiving a Credit or Debit Card with Intent to Use, Sell, or Transfer
- zz. Selling a Credit Card or Debit Card, without the Consent of the Issuer
- aaa. Using a Credit or Debit Card with the Intent to Defraud
- bbb. Fraudulent Use of Electronic Transmission
- ccc. Unlawful Restraint
- ddd. Aggravated Unlawful Restraint
- eee. Forcible Detention
- fff. Child Abduction
- ggg. Aiding and Abetting Child Abduction
- hhh. Assault
- iii. Aggravated Assault
- jjj. Battery of an Unborn Child
- kkk. Domestic Battery
- lll. Tampering with Food, Drugs or Cosmetics
- mmm. Aggravated Stalking
- nnn. Home invasion
- ooo. Endangering the Life or Health of a Child
- ppp. Ritual Mutilation
- qqq. Ritual Abuse of a Child
- rrr. Theft
- sss. Theft of Lost or Mislaid Property
- ttt. Retail Theft
- uuu. Identity Theft
- vvv. Aggravated Identity Theft
- www. Forgery
- xxx. Robbery
- yyy. Armed Robbery
- zzz. Burglary
- aaaa. Residential Burglary
- bbbb. Criminal Trespass to Residence
- cccc. Arson
- dddd. Aggravated Arson
- eeee. Residential Arson
- ffff. Unlawful Use of a Weapon
- gggg. Unlawful Use or Possession of Weapons by Felons or Persons in the Custody of the Department of Corrections Facilities
- hhhh. Aggravated Discharge of a Firearm
- iiii. Aggravated Discharge of a Machine Gun or a Firearm Equipped with a Device Designed or Used for Silencing the Report of a Firearm
- jjjj. Reckless Discharge of a Fireman
- kkkk. Aggravated Unlawful Use of a Weapon
- llll. Unlawful Discharge of Firearm Projectiles
- mmmm. Unlawful Sale or Delivery of Firearms on the Premises of Any School
- nnnn. Abandonment of Children by School Bus Driver
- oooo. Armed Violence
- pppp. Manufacture, Delivery, or Possession with Intent to Deliver, or Manufacture, Cannabis
- qqqq. Cannabis Trafficking
- rrrr. Delivery of Cannabis on School Grounds
- ssss. Delivery of Cannabis to a Person under 18
- tttt. Calculated Criminal Cannabis Conspiracy
- uuuu. Manufacture or Delivery, or Possession with Intent to Manufacture or Deliver, a Controlled Substance Other than Methamphetamine, a Counterfeit Substance, or a Controlled Substance Analog
- vvvv. Controlled Substance Trafficking
- wwww. Distribution, Advertisement, or Possession with Intent to Manufacture or Distribute a Look-alike Substance
- xxxx. Calculated Criminal Drug Conspiracy
- yyyy. Criminal Drug Conspiracy
- zzzz. Delivery a Controlled, Counterfeit or Look-alike Substance to a Person under 18
- aaaaa. Engaging or Employing Person under 18 to Deliver a Controlled, Counterfeit or Look-alike Substance
- bbbbb. Violations under Methamphetamine Control and Community Protection Act
- ccccc. Or any other Offense as presented in the HCWBCA [225 ILCS 46]

EMPLOYMENT		Please give accurate, complete full-time and part-time employment record. Start with your present or most recent employer.
1	Company Name	Telephone ()
	Address	Employed - (State month and year) From To
	Name of Supervisor	Weekly Pay Start Last
	State Job Title and Describe Your Work	Reason for Leaving

2	Company Name	Telephone ()
	Address	Employed - (State month and year) From To
	Name of Supervisor	Weekly Pay Start Last
	State Job Title and Describe Your Work	Reason for Leaving

3	Company Name	Telephone ()
	Address	Employed - (State month and year) From To
	Name of Supervisor	Weekly Pay Start Last
	State Job Title and Describe Your Work	Reason for Leaving

4	Company Name	Telephone ()
	Address	Employed - (State month and year) From To
	Name of Supervisor	Weekly Pay Start Last
	State Job Title and Describe Your Work	Reason for Leaving

We may contact the employers listed above unless you indicate those you do not want us to contact.	<u>DO NOT CONTACT</u>
	Employer Number(s) _____ Reason _____ _____

MILITARY	Did you serve in the U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes," what Branch?
Describe any training received relevant to the position for which you are applying. _____ _____		

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E D U C A T I O N	School	Name and Location of School	Course of Study	No. of Years Completed	Did You Graduate?	Degree or Diploma
	High School				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Business/Trade/ Technical				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	College				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Graduate				<input type="checkbox"/> Yes <input type="checkbox"/> No	

REFERENCES:

Give name, address, and telephone number of three references who are not related to you and are not previous employers.

1. _____
2. _____
3. _____

SPECIAL SKILLS AND QUALIFICATIONS:

Summarize special skills and qualifications acquired from employment or other experience. _____

MEMBERSHIP IN PROFESSIONAL OR CIVIC ORGANIZATIONS: (Exclude those which may disclose your race, color, religion, or national origin)

APPLICANT'S STATEMENT

I understand that any conditional offer of employment is contingent upon the receipt of a clean drug test report and a clean conviction information report from the Illinois State Police indicating that I do not have a record of a conviction of any criminal offenses listed in the Health Care Workers Background Check Act of 1996, as amended thereafter and, per Public Law 93.211, excluding sealed and/or expunged records of arrests or convictions.

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed six months. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at this time.

The applicant understands that neither this document nor any offer of employment from the employer constitute an employment contract unless a specific document to that effect is executed in writing and is signed by the Executive Director.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature

Date

MACON RESOURCES, INC.
 2121 Hubbard Ave.
 P. O. Box 2760
 Decatur, IL 62524-2760
 (217) 875-1910

EMPLOYMENT VERIFICATION FORM

TO: _____

DATE: _____

The individual whose name and signature appear below authorizes persons or organizations listed on their application for employment to give Macon Resources, Inc. (MRI) any and all information concerning their employment, education, or any other information they might have, with regard to any of the subjects covered in the application and release all parties from all liability or any damages that may result from furnishing such information to MRI.

I authorize Macon Resources, Inc. to request and receive such information:

NAME (please print) _____ SOCIAL SECURITY NUMBER _____ DATE _____

 SIGNATURE

DATES IN YOUR EMPLOY: FROM _____ TO _____ SALARY \$ _____ per _____ _____ POSITION HELD: _____ WHY DID APPLICANT LEAVE YOUR COMPANY? _____ WOULD YOU RE-EMPLOY? YES [] NO [] IF NO, WHY NOT? _____ _____ _____ _____ _____ _____
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PLEASE RATE APPLICANT ON THE FOLLOWING CHARACTERISTICS:

	POOR	FAIR	AVERAGE	VERY GOOD	EXCELLENT
QUALITY OF WORK					
QUANTITY OF WORK					
SUITABILITY FOR POSITION					
*PERSONAL APPEARANCE					
ATTENDANCE					
DEPENDABILITY					
COOPERATIVENESS					
CREATIVENESS					

*(If relevant to the particular job)

STRONG POINTS: _____ _____

WEAK POINTS:

COMMENTS:

-

DATE: _____ SIGNED: _____ TITLE: _____

APPLICANTS NAME: _____

FOR EMPLOYER'S USE ONLY

R E F E R E N C E C H E C K	EMPLOYER	PERSON CONTACTED	RESULTS
	1		
	2		
	3		
	4		

P E R S O N A L	PERSONAL	PERSON CONTACTED	RESULTS
	1		
	2		
	3		

T E S T R E S U L T S	TEST ADMINISTERED	RAW SCORE	RATING	ANALYSIS AND COMMENTS

I N T E R V I E W R	INTERVIEWER NAME AND COMMENTS

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EMPLOYMENT DATA RECORD

During employment, employees are treated without regard to race, color, religion, sex, national origin, age, sexual orientation, marital or veteran status, medical condition or disability, or any other legally protected status.

As an employer with an Affirmative Action Program, we comply with government regulations, including Affirmative Action responsibilities where they apply.

The purpose for this Data Record is to comply with government record keeping, reporting, and other legal requirements. Periodic reports are made to the government on the following information. The completion of this Data Record is optional. If you choose to volunteer the requested information, please note that all Data Records are kept in a Confidential File and are not a part of your Application for Employment or personnel file. Please note: YOUR COOPERATION IS VOLUNTARY. INCLUSION OR EXCLUSION OF ANY DATA WILL NOT AFFECT ANY EMPLOYMENT DECISION.

VOLUNTARY SURVEY

(Please Print)

Date _____

Government agencies at times require periodic reports on the sex, ethnicity, disability, veteran and other protected status of employees. This data is for statistical analysis with respect to the success of the Affirmative Action program. SUBMISSION OF THIS INFORMATION IS VOLUNTARY.

Social Security No. (Optional)
Current Job
Check One: ___ Male ___ Female
Check One Of The Following: (Ethnic Origin) ___ White ___ Black or African American ___ American Indian/Alaskan Native ___ Hispanic or Latino ___ Native Hawaiian or Other Pacific Islander ___ Asian ___ Two or more races
Check If Any Of The Following Are Applicable: ___ Veteran ___ Disabled Veteran ___ Individual With A Disability
Birthdate:

Concept: 6/90

Revised: 06/09