



## WELCOME

Janet Wattles Center, a fully integrated mental health system, is proud of our tradition as a leader in the community. Part of that tradition is due to our careful and deliberate hiring process.

## EXPECTATIONS

- Employees must strive to exceed customer expectations through customer service consistent with a climate of caring. Our customers include clients, community, physicians, co-workers, and other inter-agency departments.
- Strict confidentiality regarding consumers and staff must be maintained at all times.
- Employee work performance should reflect Janet Wattles Center's mission: *"Improving lives by providing solutions through high quality, efficient, and effective mental health services and education."*
- Janet Wattles Center attributes include: excellent attendance, teamwork, customer satisfaction, flexibility and adaptability to change, innovation/risk taking, leadership, information management/communication, resource utilization, healthcare industry, knowledge, mission and vision.
- Appropriate and professional appearance is required.

If you feel you are able to comply with our expectations, please complete our application. If you feel you cannot meet these expectations, we ask that you do not apply.

## HOW WE HIRE

Our hiring process is designed to give everyone the fairest opportunity possible. Because many people are interested in joining our team, we carefully consider each applicant's qualifications.

Unfortunately, we are not able to interview everyone who applies. The applications are reviewed and categorized by the position for which you are applying. Applications are kept in an active file for one year. After you have applied it is not necessary to call us. When openings occur for which you are being considered, Human Resources will schedule an interview.

Criminal background checks are required for all positions.

Additional testing may be required dependant upon the job for which you are being considered. If you require an accommodation for disability, please inform the recruiter.

## IF HIRED

You will be required to attend general orientation and Center-wide training. Individualized department orientation will also be scheduled

# APPLICATION FOR EMPLOYMENT

Thank you for your interest in Janet Wattles Center. Procedures are outlined below to assist you in the application process.

- The application form must be fully completed, even if a resume is attached.
- If you FAX or E-mail a copy of the application form to the Human Resources office, it is still necessary to submit the original application with your original signature.
- Consideration for employment cannot be given until the fully completed application is returned to the Human Resources office.
- Submit application to: Janet Wattles Center, 526 W. State Street, Rockford, IL 61101
- Fax: 815-720-5025

**We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital, or veteran status, sexual orientation, or any other legally protected status/classification.**

**(PLEASE PRINT)**

(1) Position (s) Applied for	Date of Application
(2) Position (s) Applied for	

Last Name	Middle Name	First Name
Address	City	State      Zip Code
Home Phone Number	Cell Phone Number	Social Security Number

How did you learn about us?       Advertisement    Employment Agency    Friend    Walk-in  
 Relative    Website    JWC Employee    Other

Are you 21 years of age or older?       Yes       No

Have you ever filed an application with us before?       Yes       No

If yes, give date: \_\_\_\_\_

Have you ever been employed with us before?       Yes       No

If yes, give date: \_\_\_\_\_

List any friends or relatives working for us: \_\_\_\_\_  
(This information will be used only to determine whether the relative would be in a subordinate or supervisory capacity to the position for which you have applied).

Are you currently employed?       Yes       No

May we contact your present employer?  Yes  No

Are you legally eligible to work in the United States?  Yes  No  
(Proof of employment eligibility and identification will be required upon employment)

On what date would you be able for work? \_\_\_\_\_

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

Are there any hours, shifts, or days you cannot work? \_\_\_\_\_

Can you travel if a job requires it?  Yes  No

Are you willing to work overtime as required?  Yes  No

Salary Requirements? \_\_\_\_\_

Have you ever been warned about, or discharged for sexual harassment, or related offenses?  Yes  No

Have you ever been convicted of an offense other than a misdemeanor?  Yes  No  
(The applicant is not required to reveal sealed or expunged records of conviction or arrest. Conviction will not necessarily disqualify an applicant from employment)

If yes, please explain:

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### EDUCATION

	Name & Address Of School	Course of Study	Number of Years Completed	Diploma Degree
Elementary School				
High School				
Undergraduate College				
Graduate				
Other (Specify)				

### FOREIGN LANGUAGE

Indicate any foreign languages you can speak, read and/or write			
	Fluent	Good	Fair
Speak			
Read			
Write			

## PROFESSIONAL LICENSURE

Please list any professional licenses you have acquired:

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Have you been investigated or convicted by any State and/or the Federal Government for any improper billing or other fraudulent activity?  Yes  No

Has your professional license been placed on probation, suspended or terminated in any state?  Yes  No

Have you ever been disqualified from being a Medicare/Medicaid Provider?  Yes  No

Please provide your National Provider Identifier (NPI) number: \_\_\_\_\_

Have you been sued for professional malpractice?  Yes  No

If you answered "yes" to any of the above questions, please describe the specific details.

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**If hired, I agree that should any investigation occur or any litigation be brought related to my professional competence, I am obligated to notify the Human Resources Department within 2 business days of being aware of such investigation or lawsuit.**

Signed \_\_\_\_\_ Date \_\_\_\_\_

## EMPLOYMENT EXPERIENCE

*Begin with your current or most recent employer.*

Date (Month & Year)	Name & Address of Employer	Salary (Upon leaving)	Position	Full / Part-time	Reason for Leaving
From:  To:					
From:  To:					
From:  To:					
From:  To:					

## ADDITIONAL INFORMATION

State any additional information you feel may be helpful to us in considering your application. Summarize special job-related skills and qualifications acquired from employment or other experience:

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List professional, trade, business, or civic activities and offices held: \_\_\_\_\_

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Have you served in the United States military?  Yes  No

If yes, please tell us your period of service, rank at time of discharge, and types of training and/or work experience you received while in the service:

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**NOTE TO APPLICANTS: DO NOT ANSWER THE FOLLOWING QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING. YOU MAY ASK FOR A COPY OF THE JOB DESCRIPTION FROM THE RECEPTIONIST OR FROM THE HUMAN RESOURCE DEPARTMENT.**

Are you capable of performing, in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? (A description of the activities involved in such a job or occupation is attached.)  Yes  No

## REFERENCES

*List below three persons not related to you whom you have known at least one year.*

Name	Address	Phone Number	Years Acquainted
1.			
2.			
3.			

## APPLICANT'S CERTIFICATION AND AGREEMENT

I certify that the facts set forth in this Application for Employment are true and complete to the best of my knowledge. I understand that if I am employed, any false statement, omissions, or misrepresentations may result in my dismissal. I authorize Janet Wattles Center to make an investigation of any of the facts set forth in this application and release Janet Wattles Center from any liability.

I understand that employment at Janet Wattles Center is "at-will", which means that either Janet Wattles Center or I can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment is continued on that basis. I understand that no supervisor, manager, or executive of Janet Wattles Center, other than the President / CEO in a signed written statement, has any authority to alter the foregoing.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Authorization for Release of Consumer Information  
(Employment Purpose)

To Be Completed by Applicant/Employee  
(Please Print Legibly or Type)

Name: \_\_\_\_\_  
Last Name First Name Middle Initial

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Social Security #: \_\_\_\_\_  
Month Day Year

Drivers License#: \_\_\_\_\_ State: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
City State Zip Code

Applicant/Employee Signature: \_\_\_\_\_

Applicant Authorization

1. Without reservation, I authorize this employer or any party or agency contacted by this employer to procure my consumer report and/or obtain or furnish information concerning my credit, criminal, motor vehicle, employment or other history. I understand that inquires may be made to various federal and state agencies, employers, references, acquaintances and others seeking information as to my personal characteristics, credit worthiness, employment status, general reputation, and mode of living.
2. Under provisions of the Fair Credit Reporting Act, certain information, when used for employment purposes, is considered to be a consumer report. This information includes but is not limited to, public record information (criminal history, civil litigation, etc.), driving records, consumer credit history, education records, and employment records. If an adverse employment decision is made due, in whole or in part, to information received as a result of these inquires, I will be provided with a copy of the consumer report and a summary of my rights under the Fair Credit Reporting Act.

Print Full Name: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Signature: \_\_\_\_\_

To Be Completed By Employer (Please Print Legibly or Type)

Company/Organization: Janet Wattles Center  
Mailing Address: 526 W State St. Rockford, IL 61101  
Contact Person: Human Resource Department  
Telephone#: 815.968-9300 Fax #: 815.720.5025

**Dear Applicant:**

If you are offered a position with our Center, you will be required to provide the following materials for your personnel file **PRIOR** to being scheduled for any hours:

1. Employment Eligibility Verification Documents. One from list A; or, one from list B and one from list C.

**LISTS OF ACCEPTABLE DOCUMENTS**

LIST A Documents that Establish Both Identity and Employment Eligibility	LIST B Documents that Establish Identity	LIST C Documents that Establish Employment Eligibility
OR	AND	
U.S. Passport (unexpired or expired)  Certificate of U.S. Citizenship (INS Form N-560 or N-561)  Certificate of Naturalization (INS Form N-550 or N-570)  Unexpired foreign passport, with I-551 stamp or attached INS Form I-94 indicating Unexpired employment Authorization  Permanent Resident Card or Alien Registration Receipt Card With photograph (INS Form I-751 or I-551)  Unexpired Temporary Resident Card (INS Form I-688)  Unexpired Employment Authorization Card (INS Form I-688A)  Unexpired Reentry Permit (INS Form I-327)  Unexpired Refugee Travel Document (INS Form I-571)  Unexpired Employment Authorization Document issued by the INS which contains a photograph (INS form I-6888B)	Driver' license or ID card issued by a state or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color and address  ID card issued by federal, state, or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address  School ID card with a photograph  Voter's Registration card  U.S. Military card or draft record  Military dependent's ID card  U.S. Coast Guard Merchant Mariner card  Native American tribal document  Driver's license issued by a Canadian government authority  <i>For persons under age 18 who are Unable to present a document Listed above:</i>  School record or report card  Clinic, doctor, or hospital record  Daycare or nursery school record	U.S. Social Security card issued by the Social Security Administration (other than a card stating it is not valid for employment)  Certification of Birth Abroad issued by the Department of State (Form FS-645 or Form DS-1360)  Original or certified copy of a birth certificate issued by a state, county, municipal authority, or outlying possession of the United States bearing an official seal  Native American tribal document  U.S. Citizen ID card (INS Form 1-197)  ID Card for use of Resident Citizen in the United States (INS Form 1-179)  Unexpired employment authorization document issued by the INS (other than those listed under List A)

**AND:**

2. Copy of current automobile insurance card(s).
  3. Three letters of reference –one from a previous employer if possible.
  4. **Official Certified Copy of Transcripts** mailed directly to: Human Resources Dept, Janet Wattles Center, 526 W. State Street, Rockford, Illinois 61101.
  5. Copy of all currently held licenses (MD, Ph.D., RN LCSW, MSW, LSW, etc.).
- If you are hired, we may conduct a DCFS Background Check and you may be required to undergo a Health Care Worker Background Check (Senate Bill 358), which is conducted through the State Police.

Thank you for inquiring about employment at Janet Wattles Center. As a requirement of the pre-hire process, Janet Wattles Center conducts reference requests. In the application packet you will find two (2) reference request forms, which need to be signed by you, the applicant. The signed documents give Janet Wattles Center authorization to check your references. Please return the signed reference request forms along with your application and/or resume. On this form, please include the names of two former employers in which we may submit for reference inquiries.

Thank you.

Janet Wattles Center  
Human Resource Department

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**Employer #1:**

Company Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_

FAX: \_\_\_\_\_

**Employer #2:**

Company Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_

FAX: \_\_\_\_\_



526 West State Street  
Rockford, IL 61101

## Request for Employment Verification

815-968-9300  
FAX 815-720-5025  
TDD 815-968-2648  
[www.janetwattles.org](http://www.janetwattles.org)

\_\_\_\_\_  
Applicant Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

To Whom It May Concern:

I have applied for employment at Janet Wattles Center. I am requesting you provide feedback in reference to the information below.

I hereby authorize you to give any information you may have regarding me. I release you and your company from liability for any damage that may occur by releasing this information.

Thank you for your cooperation.

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Information for:**

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

To be completed by past employers; Please verify the following information:

Employment Dates: From: \_\_\_\_\_ To: \_\_\_\_\_

Position: \_\_\_\_\_ Wage/Salary \_\_\_\_\_ per \_\_\_\_\_

Attendance:       Poor       Average       Excellent

Performance:     Poor       Average       Excellent

Attitude:         Poor       Average       Excellent

Reason for separation:  Laid Off       Voluntary Resignation       Termination

Would you re-employ this applicant?       Yes       No

Comments: \_\_\_\_\_

Reference signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name (please print): \_\_\_\_\_ Title: \_\_\_\_\_

Janet Wattles Center  
Affirmative Action Plan  
Confidential Voluntary Information Form

Janet Wattles Center, Human Resource Department requests completion of this form in order to compile required information for Equal Employment Opportunity (EEO). This data will not be kept with the applications or used in the decision to hire.

Position resume submitted for: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_

What is your gender?             Male                       Female

What is your ethnicity?             African American  
  
 Asian/Pacific Islander  
  
 Caucasian (Non-Hispanic)  
  
 Mexican American/Hispanic  
  
 Middle Eastern  
  
 Puerto Rican Hispanic  
  
 Other (please describe) \_\_\_\_\_

Please indicate the means by which you learned about the position you are applying for:

- Friend/Co-Worker
- Internet
- Newspaper Ad
- Organization
- Other \_\_\_\_\_

Please specify name of Internet site, Newspaper and/or Organization: \_\_\_\_\_