

Apostolic Christian Services

Serving According to God's Purpose

Applicant, with your permission, we would like to send this form to your two most recent employers. Please complete the top portion with the information regarding your last two jobs. Leaving the bottom section blank, return the forms with your application to our administrative office. We will mail them with return envelopes to the addresses you provide.

Applicant Name: _____ Social Security Number: _____

Administrative Office

2125 Veterans Rd.
Morton, IL 61550
309-266-9781
309-266-9468 (fax)
www.achh.org

Past Employer: _____ Dates Employed: _____ - _____

Street Address: _____ Position Held: _____

City, State, Zip: _____ Supervisor: _____

I hereby authorize the information requested below to be released to Apostolic Christian Services.

Applicant's Signature: _____ Date: _____

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Timber Ridge

2125 Veterans Rd.
Morton, IL 61550
309-266-9781

Employer, you have been given as a reference by the above named applicant. We give great importance to the screening of our applicants and would sincerely appreciate your assistance in this matter. Please complete this form and return it to Carol Knapp, HR Manager, at your earliest convenience. The information will be held in strict confidence. Thank you!

Apostolic Christian

Oakwood Estate

2213 Veterans Rd.
Morton, IL 61550
309-263-8484

Please comment on applicant's:	<i>Excellent</i>	<i>Good</i>	<i>Fair</i>	<i>Poor</i>
Reliability & Attendance				
Cooperation				
Supervisory Ability & Capacity				
Competency				
Overall Appearance				

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Linden Estate

1000 Linden St.
Morton, IL 61550
309-263-8992

Are dates of employment accurate? YES NO

Is the applicant eligible for rehire? YES NO

If no, why not? _____

Any history of abuse of others? YES NO

Any felony conviction? YES NO

Any additional comments: _____

Apostolic Christian

CILA Services

309-263-2901

Signature Position Date