ATTENTION

Per Fairview Haven's COVID policy, all team members are required to show proof of vaccination or submit an Accommodation Request prior to employment.

- If you are vaccinated, you must submit a copy of your vaccine card (or other documentation) with your application. If you intend to be vaccinated or if you do not have a sincerely-held religious, moral, or ethical belief against the vaccine or a medical contraindication, you must have received your first dose before your first day of work.

- If you are not vaccinated and have a sincerely-held religious, moral, or ethical belief against the vaccine or a medical contraindication, you must print, complete, and submit the Accommodation Request with your application. Once received, your request will be reviewed by Fairview Haven's Ethics Committee for approval.

Your application will not be considered until this information is received. If you have questions, please contact Kristin Slagel, Team Services Coordinator, at the email above or at (815) 692-6728.

Fairview Haven is committed to the highest level of quality and sets a high standard for our team members. Please read the below statements to ensure that your values align with the values and principles of Fairview Haven.

Mission Statement:

AN APOSTOLIC CHRISTIAN COMMUNITY WHERE CHOICE IS VALUED, GROWTH IS ENCOURAGED, AND LIFE ABOUNDS

Vision Statement:

PUTTING THE GOLD BACK INTO THE GOLDEN YEARS

How we apply these statements:

- As a team member at Fairview Haven, you will respect the Holy Scriptures and God's Spirit among us and will try to uphold them and support their presence in the daily lives of the seniors we serve. You recognize you have a blessed privilege to serve these loved ones in their home.
- As a team member at Fairview Haven, you will strive with the help of God to provide the highest quality of life to all we serve without regard to race, color, religion, or ability to
- As a team member of Fairview Haven, you will be committed to creating a home supporting the spiritual, physical, mental, and emotional needs of those we serve.
- As a team member of Fairview Haven, you will honor the dignity of all residents and their right to make choices for themselves in a safe and nurturing environment.
- As a team member of Fairview Haven, you will seek to enhance and embrace life, as well as provide support and care when the time of life's departure nears.
- As a team member of Fairview Haven, you will strive to be a good steward of our residents' resources and seek to engage families and community in our mission of caring.
- As a team member of Fairview Haven, you will value other team members and assist in creating an environment in which everyone can flourish and share in loving care.

I understand the above statements and my values align with the principles and values of Fairview Haven.

Applicant Signature:_____ Date:_____

Job Application

Personal Information

Last	First	MI	SSN#	Email	
Street Address	City	ST	Zip	Primary Phone	Secondary Phone

Are you entitled to work in the United States? ☐ Yes ☐ No

Fairview Haven complies with the Healthcare Worker Background Check Act. Therefore, individuals with disqualifying convictions, as listed in the act, are prohibited from working in any position at Fairview Haven.

Have you ever been convicted of a disqualifying offense as listed on the attachment to this job application. If yes, please explain: ☐ Yes ☐ No

What position are you applying for? _____

☐ Full-Time ☐ Part-Time ☐ PRN ☐ Days ☐ Evenings ☐ Nights

Expected Hourly Rate: $ | Date Available:

Professional License RN, LPN, CNA, Etc. | Date Received: State: Number:

How were you referred to Fairview Haven?

Has your license ever been suspended, revoked or on probation for any reason? ☐ Yes ☐ No

Have you ever worked for Fairview Haven? ☐ Yes ☐ No | When:

Do you know anyone who lives/works at Fairview Haven?

What are your long range occupational goals?

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.				

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			
Reason for Leaving			
May We Contact	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

Personal References (MUST provide 3 references who are NOT related to you)

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

Disclaimer/Signature

By signing this application, I certify and affirm the following:

* that the information provided on this application is true and complete. I understand any false or misleading representations or omissions made on the application or during the hiring process may disqualify me from further consideration for employment and may result in discharge even if discovered at a later date.
* that employment will be conditioned upon successfully passing a pre-employment physical examination, fitness for duty examination, pre-employment drug screening, and criminal history check.
* that I am authorizing persons, schools, my current employer (if applicable) and previous employers and other organizations to provide this facility and its affiliates with any requested information regarding my application or suitability for employment, and I completely release all such persons or entities from any and all liability related to the providing or use of such information.
* that my employment is at-will which means I may terminate the employment relationship at any time and for any reason with or without notice and that Fairview Haven has that same right. I understand no one has the authority to enter into any agreement contrary to the preceding sentence, except for a written agreement signed by an administrative representative of this facility and notarized.

Signature	Date

The following is a list of convictions that would disqualify an applicant for employment at Fairview Haven.

[720 ILCS 5/12-19]	Abuse and Criminal Neglect of a LTC Facility Resident
[720 ILCS 5/20-1.1]	Aggravated Arson
[720 ILCS 5/12-2]	Aggravated Assault
[720 ILCS 5/12-4]	Aggravated Battery
[720 ILCS 5/12-4.3]	Aggravated Battery of a Child
[720 ILCS 5/12-4.6]	Aggravated Battery of a Senior Citizen
[720 ILCS 5/12-4.4]	Aggravated Battery of an Unborn Child
[720 ILCS 5/12-4.2]	Aggravated Battery with a Firearm
[720 ILCS 5/12-4.2-5]	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
[720 ILCS 5/12-16]	Aggravated Criminal Sexual Abuse
[720 ILCS 5/12-14]	Aggravated Criminal Sexual Assault
[720 ILCS 5/24-1.2]	Aggravated Discharge of a Firearm
[720 ILCS 5/24-1.2-5]	Aggravated Discharge of a Machine Gun or a Firearm Equipped with a Device Designed or Used for Silencing the Report of a Firearm
[720 ILCS 5/12-3.3]	Aggravated Domestic Battery
[720 ILCS 5/16G-20]	Aggravated Identity Theft
[720 ILCS 5/10-2]	Aggravated Kidnapping
[720 ILCS 5/18-5]	Aggravated Robbery
[720 ILCS 5/12-7.4]	Aggravated Stalking
[720 ILCS 5/10-3.1]	Aggravated Unlawful Restraint
[720 ILCS 5/24-1.6]	Aggravated Unlawful Use of a Weapon
[720 ILCS 5/18-4]	Aggravated Vehicular Hijacking
[720 ILCS 5/10-7]	Aiding and Abetting Child Abduction
[720 ILCS 5/18-2]	Armed Robbery
[720 ILCS 5/33A-2]	Armed Violence
[720 ILCS 5/20-1]	Arson
[720 ILCS 5/12-1]	Assault
[720 ILCS 5/12-3]	Battery
[720 ILCS 5/12-3.1]	Battery of an Unborn Child
[720 ILCS 5/19-1]	Burglary
[720 ILCS 550/9]	Calculated Criminal Cannabis Conspiracy
[720 ILCS 570/405]	Calculated Criminal Drug Conspiracy
[720 ILCS 550/5.1]	Cannabis Trafficking
[720 ILCS 5/10-5]	Child Abduction
[720 ILCS 5/11-20.1]	Child Pornography
[720 ILCS 5/9-3.1]	Concealment of Homicidal Death
[720 ILCS 570/401.1]	Controlled Substance Trafficking
[720 ILCS 5/12-21]	Criminal Abuse or Neglect of an Elderly Person or Person with a Disability
[720 ILCS 570/405.1]	Criminal Drug Conspiracy
[720 ILCS 5/12-15]	Criminal Sexual Abuse
[720 ILCS 5/12-13]	Criminal Sexual Assault
[720 ILCS 5/19-4]	Criminal Trespass to Residence
[720 ILCS 115/53]	Cruelty to Children
[720 ILCS 570/407]	Delivering a Controlled, Counterfeit or Look-alike Substance to a Person under 18
[720 ILCS 550/7]	Delivering Cannabis to a Person under 18
[720 ILCS 550/5.2]	Delivery of Cannabis on School Grounds
[720 ILCS 570/404]	Distribution, Advertisement, or Possession with Intent to Manufacture or Distribute a Look-alike Substance
[720 ILCS 5/12-3.2]	Domestic Battery
[720 ILCS 5/9-3.3]	Drug Induced Homicide
[720 ILCS 5/12-4.7]	Drug Induced Infliction of Great Bodily Harm
[720 ILCS 150/4]	Endangering Life or Health of a Child
[720 ILCS 5/12-21.6]	Endangering the Life or Health of a Child
[720 ILCS 570/407.1]	Engaging or Employing Person under 18 to Deliver a Controlled, Counterfeit or Look-alike Substance
[720 ILCS 5/11-19.2]	Exploitation of a Child
[720 ILCS 5/16-1.3]	Financial Exploitation of an Elderly Person or a Person with a Disability
[720 ILCS 5/9-1]	First Degree Murder
[720 ILCS 5/10-4]	Forcible Detention
[720 ILCS 5/17-3]	Forgery
[720 ILCS 250/17.02]	Fraudulent Use of Electronic Transmission
[720 ILCS 5/12-4.1]	Heinous Battery
[720 ILCS 5/12-11]	Home Invasion
[720 ILCS 5/16G-15]	Identity Theft
[720 ILCS 5/11-6]	Indecent Solicitation of a Child
[720 ILCS 5/9-1.2]	Intentional Homicide of an Unborn Child
[720 ILCS 5/9-3]	Involuntary Manslaughter and Reckless Homicide
[720 ILCS 5/9-3.2]	Involuntary Manslaughter and Reckless Homicide of an Unborn Child
[720 ILCS 5/10-1]	Kidnapping
[720 ILCS 570/401]	Manufacture or Delivery, or Possession with Intent to Manufacture or Deliver, a Controlled Substance Other than Methamphetamine, a Counterfeit Substance, or a Controlled Substance
[720 ILCS 550/5]	Manufacture, Delivery, or Possession with Intent to Deliver, or Manufacture, Cannabis
[720 ILCS 150/5.1]	Permitting Sexual Abuse of a Child
[225 ILCS 65/10-5]	Practice of Nursing without a License
[720 ILCS 5/12-14.1]	Predatory Criminal Sexual Assault of a Child
[720 ILCS 250/5]	Receiving a Credit or Debit Card with Intent to Use, Sell, or Transfer
[720 ILCS 250/4]	Receiving Stolen Credit Card or Debit Card
[720 ILCS 5/24-1.5]	Reckless Discharge of a Firearm
[720 ILCS 5/20-1.2]	Residential Arson
[720 ILCS 5/19-3]	Residential Burglary
[720 ILCS 5/16A-3]	Retail Theft
[720 ILCS 5/12-33]	Ritual Abuse of a Child
[720 ILCS 5/12-32]	Ritual Mutilation
[720 ILCS 5/18-1]	Robbery
[720 ILCS 5/9-2]	Second Degree Murder
[720 ILCS 250/6]	Selling a Credit Card or Debit Card, without the Consent of the Issuer
[720 ILCS 5/11-9.1]	Sexual Exploitation of a Child
[720 ILCS 5/11-9.5]	Sexual Misconduct with a Person with a Disability
[720 ILCS 5/8-1.1]	Solicitation of Murder
[720 ILCS 5/8-1.2]	Solicitation of Murder for Hire
[720 ILCS 5/12-4.5]	Tampering with Food, Drugs or Cosmetics
[720 ILCS 5/16-1]	Theft
[720 ILCS 5/16-2]	Theft of Lost or Mislaid Property
[720 ILCS 5/24-3.2]	Unlawful Discharge of Firearm Projectiles
[720 ILCS 5/10-3]	Unlawful Restraint
[720 ILCS 5/24-3.3]	Unlawful Sale or Delivery of Firearms on the Premises of Any School
[720 ILCS 5/24-1]	Unlawful Use of a Weapon
[720 ILCS 5/24-1.1]	Unlawful Use or Possession of Weapons by Felons or Persons in the Custody of the Department of Corrections Facilities
[720 ILCS 250/8]	Using a Credit or Debit Card with the Intent to Defraud
[720 ILCS 5/18-3]	Vehicular Hijacking
[720 ILCS 646]	Violations under the Methamphetamine Control and Community Protection Act
[720 ILCS 5/9-2.1]	Voluntary Manslaughter of an Unborn Child

Request for Accommodation Form

In order to be exempt from the requirements of the Governor or Illinois' Executive Order 2021-20 the CMS policy concerning the COVID-19 vaccine mandate for Healthcare Workers, you must complete the areas below and submit this form to Kristin Slagel, Team Services Coordinator. Your request and the information you provide to support the request will be used solely by Fairview Haven Ethics Committee in the accommodation process.

Name (print):	Date:
Dept.:	Position:
Manager:	Work/Cell Phone:

I. Exemption from Vaccination Due to Sincerely Held Religious Belief

A. Identify the sincerely held religious belief or practice for which you are seeking accommodation. A sincerely held religious belief includes a belief that is theistic, or a moral and/or ethical belief as to what is right and wrong which is sincerely held.

B. Provide a brief description of the way in which your religious belief or practice conflicts with your compliance with the Order.

C. Please identify the specific accommodation you are requesting:

I verify that the information I am submitting to substantiate my request for exemption from the COVID-19 Vaccination Requirements is true and accurate to the best of my knowledge. I understand that any falsified information can lead to disciplinary action, up to and including termination and/or a possible end to a working relationship with Fairview Haven.

Employee Signature:	Date:

II. Exemption From Vaccination Due to Medical Condition

If you are seeking an exemption from the Executive Order due to a medical condition, please provide the following information. Additionally, you will be required to support this request with documentation from a health care provider to substantiate the existence of the medical condition, as well as the restriction and/or request for accommodation being made. The documentation must provide confirmation of recognized clinical contraindications to ALL authorized COVID-19 vaccines (ie: Moderna, Pfizer and Johnson & Johnson). Documentation from a health care provider must be submitted with the Request for Accommodation Form.

A. Identify the medical condition(s) which serve as the basis for your request:

B. Please identify the specific accommodation you are requesting:

C. Please identify the anticipated duration of the accommodation you are requesting:

I verify that the information I am submitting to substantiate my request for exemption from the COVID-19 Vaccination Requirements is true and accurate to the best of my knowledge. I understand that any falsified information can lead to disciplinary action, up to and including termination and/or a possible end to a working relationship with Fairview Haven.

Employee Signature:	Date: