

Dear Applicant,

Be advised that it is the practice of Avancer Homes, Genesis DTC, and Rosemil Management Group to complete Criminal Record Background Checks in connection with any application and/or offer of conditional employment. Understand that a Criminal Record Background Check will be made with the Illinois State Police (ISP) in a method prescribed by the ISP. Based on the Health Care Worker Background Check a person that has been convicted of committing or attempting to commit one or more of the following offenses is disqualified from employment with Avancer Homes, Genesis DTC, and Rosemil Management Group.

1. Solicitation of murder, solicitation of murder for hire.
2. Murder, homicide, manslaughter or concealment of a homicidal death.
3. Kidnapping or child abduction.
4. Unlawful restraint or forcible detention.
5. Indecent solicitation of a child, sexual exploitation of a child, exploitation of a child, child pornography.
6. Assault; aggravated assault; battery of an unborn child; domestic battery; aggravated domestic battery; aggravated battery; heinous battery; aggravated battery with a firearm; aggravated battery with a machine gun or a firearm equipped with a silencer; aggravated battery of a child, aggravated battery of an unborn child; aggravated battery of a senior citizen; or drug-induced infliction of great bodily harm.
7. Tampering with food, drugs, or cosmetics.
8. Aggravated stalking.
9. Home invasion.
10. Sexual assault or sexual abuse.
11. Abuse or gross neglect of a long-term care facility resident.
12. Criminal neglect of an elderly or disabled person.
13. Endangering the life or health of a child.
14. Ritual mutilation, ritualized abuse of a child.
15. Theft, retail theft, theft of lost or mislaid property; financial identity theft; aggravated financial identity theft.
16. Financial exploitation of an elderly or disabled person.
17. Forgery.
18. Robbery, armed robbery
19. Vehicular hijacking, aggravated vehicular hijacking; aggravated robbery
20. Burglary, residential burglary.
21. Criminal trespass to a residence.
22. Arson, aggravated arson, residential arson.
23. Unlawful use of weapons, unlawful use or possession of weapons by felons or person in the custody of Department of Corrections facilities; aggravated discharge of a firearm; aggravated discharge of a machine gun or a firearm equipped with a silencer; aggravated unlawful use of a weapon; unlawful discharge of a firearm projectiles; unlawful sale or delivery of firearms on the premises of any school; or reckless discharge of a firearm.
24. Armed violence - elements of the offense.
25. Those provided in Section 4 of the Wrongs to Children Act.
26. Cruelty to children, endangering life or health of a child, permitting sexual abuse of a child.
27. Manufacture, delivery, or trafficking of cannabis, delivery of cannabis on school grounds, or delivery to person under 18; violation by person under 18.
28. Manufacture, delivery, or trafficking of controlled substances.

Violations under the Illinois Credit Card and Debit Card Act:

1. Receiving a stolen credit or debit card
2. Receiving a lost or mislaid card
3. Sale or purchase of card without user's consent
4. Prohibited use of a credit card
5. Fraudulent use of electronic transmission

Violation under the Criminal Jurisprudence Act: Cruelty to children

Violations under the Cannabis Control Act: Manufacture, delivery or trafficking of cannabis; delivery of cannabis on school grounds or delivery to person under 18; violation by person under 18; calculated criminal cannabis conspiracy.

Violations under the Illinois Controlled Substances Act: Manufacture, delivery or trafficking of controlled substances, calculated criminal drug conspiracy.

Violation under the Nursing and Advance Practice Nursing Act: Practice of nursing without a license.

There is a question on the application asking if you have ever been convicted of a crime. You must truthfully answer this question based on any convictions that you may have regarding a felony or misdemeanor other than a traffic violation. Following a conditional employment offer you will be required to consent to the Criminal Record Background Check. If you decline the Background Check your employment will be terminated. If you consent to the Background Check and it is indicated on your application that you have never been convicted of a crime and later indicated on the consent that you have been convicted of a crime the agency has grounds for immediate termination due to falsification of the application.

By signing the form below, I accept the responsibility for understanding the above content.

Name (Printed): _____

Signature: _____

Date: _____

AVANCER HOMES LLC - GENESIS DTC LLC - ROSEMIL MANAGEMENT GROUP LLC

Application for Employment – An Equal Opportunity Employer

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.

GENERAL INFORMATION

POSITION(S) APPLIED FOR		Full Time Part Time	DATE OF APPLICATION	
NAME (LAST)	(FIRST)	(MIDDLE INITIAL)	HOME TELEPHONE	
ADDRESS (MAILING ADDRESS)	(CITY)	(STATE)	(ZIP)	MOBILE TELEPHONE
E-MAIL ADDRESS			SOCIAL SECURITY # TO BE PROVIDED IN PERSON ONLY	
Do you have a valid drivers license? Yes No			STATE WHERE ISSUED	

Have you ever been employed here before?	Yes No
If yes, please give dates and positions	
Are you legally eligible for employment in the United States?	Yes No
Date Available	Salary Desired
Are you able to meet the attendance requirements of the position?	Yes No
Are you able to perform the essential functions of the job you are applying for, with or without reasonable accommodation?	Yes No
Have you ever been convicted of a crime?	Yes No
If yes, please provide date(s) and details	
ANSWERING "YES" TO THESE QUESTIONS DOES NOT CONSTITUTE AN AUTOMATIC BAR TO EMPLOYMENT. FACTIONS SUCH AS DATE OF THE OFFENSE SERIOUSNESS AND NATURE OF THE VIOLATION, REHABILITATION AND POSITION APPLIED FOR WILL BE TAKEN INTO ACCOUNT.	

EDUCATION AND TRAINING

NAME AND ADDRESS (City, State, Zip)	DEGREE AND COURSE OF STUDY	DID YOU GRADUATE ?
HIGH SCHOOL		Yes No
COLLEGE		Yes No
OTHER		Yes No

SKILLS AND QUALIFICATIONS

SUMMARIZE ANY TRAINING, SKILLS, LICENSES, AND/OR CERTIFICATES THAT MAY QUALIFY YOU AS BEING ABLE TO PERFORM JOB-RELATED FUNCTIONS IN THE POSITION FOR WHICH YOU ARE APPLYING.

REFERENCES

NAME	TELEPHONE	(RELATIONSHIP (FRIEND, CO-WORKER, SUPERVISOR))

EMPLOYMENT HISTORY (Most Recent First) (Include last 3 employers, voluntary work and/or military experience)

EMPLOYER 1				
DATES EMPLOYED		EMPLOYER	TELEPHONE	
FROM:	To:			
STARTING JOB TITLE	FINAL JOB TITLE	ADDRESS	CITY	STATE ZIP
IMMEDIATE SUPERVISOR'S NAME / TITLE		SUMMARIZE THE NATURE OF WORK AND JOB RESPONSIBILITIES		
MAY WE CONTACT THIS EMPLOYER? YES NO LATER				
REASON FOR LEAVING		HOURLY RATE / SALARY START \$	PER	FINAL \$ PER

EMPLOYER 2				
DATES EMPLOYED		EMPLOYER	TELEPHONE	
FROM:	To:			
STARTING JOB TITLE	FINAL JOB TITLE	ADDRESS	CITY	STATE ZIP
IMMEDIATE SUPERVISOR'S NAME / TITLE		SUMMARIZE THE NATURE OF WORK AND JOB RESPONSIBILITIES		
MAY WE CONTACT THIS EMPLOYER? YES NO LATER				
REASON FOR LEAVING		HOURLY RATE / SALARY START \$	PER	FINAL \$ PER

EMPLOYER 3				
DATES EMPLOYED		EMPLOYER	TELEPHONE	
FROM:	To:			
STARTING JOB TITLE	FINAL JOB TITLE	ADDRESS	CITY	STATE ZIP
IMMEDIATE SUPERVISOR'S NAME / TITLE		SUMMARIZE THE NATURE OF WORK AND JOB RESPONSIBILITIES		
MAY WE CONTACT THIS EMPLOYER? YES NO LATER				
REASON FOR LEAVING		HOURLY RATE / SALARY START \$	PER	FINAL \$ PER

APPLICANT STATEMENT

I certify that all information I have provided in order to apply for and secure work with the employer is true, complete, and correct. I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) cancel further consideration of this application, or (ii) immediately discharge me from the employer's service, whenever it is discovered. I expressly authorize, without reservation, the employer, its representatives, employees or agent to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and education institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives for seeking, gathering and using such information in the employment process and all other person, corporations or organizations for furnishing such information about me.

I understand that the employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied, oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's organizations manager.

I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

SIGNATURE OF APPLICANT: _____ DATE: _____