

NAME / Last, First, Middle _____

POSITION _____

DATE _____

LIST AT LEAST THREE (3) PROFESSIONAL / WORK / SCHOOL REFERENCES WHO ARE NOT RELATIVES OR PERSONAL ACQUAINTANCES:

NAME AND RELATIONSHIP	TITLE	COMPANY NAME AND ADDRESS	TELEPHONE
1)			
2)			
3)			
4)			

REFERENCES

CAREFULLY READ THIS SECTION PRIOR TO PROVIDING SIGNATURE BELOW

I hereby affirm that the information provided on this application (and accompanying resume, if any) is true and complete. I understand that 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.

I understand that employment may be conditioned upon successfully passing a medical examination and that I may be required to satisfactorily complete a drug screening as a condition of employment.

I hereby authorize 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.

I understand that my employment is at-will which means that I may terminate the employment relationship at any time and for any reason with or without notice, and that the facility has the same right. I understand that 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.

Date _____ Signature _____

SIGNATURE

FOR OFFICE USE ONLY

HIRED? YES NO

REFERENCES CHECKED AND BY WHOM:

REFERENCE #1 (DATE _____) REFERENCE #2 (DATE _____) REFERENCE #3 (DATE _____)

NAME _____ NAME _____ NAME _____

REFERENCE NOTES (KEEP ALL INFORMATION FACTUAL) _____

STARTING DATE	INTERVIEWER'S SIGNATURE
DEPARTMENT	INTERVIEW DATE
POSITION	SIGNATURE
STARTING SALARY	FTE:
	SHIFT
	EMPLOYEE NUMBER



530 Park Avenue East, Princeton, IL 61356
www.perry-memorial.org

Employment Application

An Equal Opportunity Employer. We comply with all applicable local, state and federal civil rights and equal employment laws and regulations

(Please Print in Ink)

In considering your application for employment, the facility may conduct a detailed and thorough investigation which may include but is not limited to a criminal record check, interviews or inquiries of prior employers, coworkers, acquaintances, relatives or friends.

LAST NAME		FIRST		MIDDLE		HOME TELEPHONE NO.																									
PRESENT ADDRESS		CITY	STATE	ZIP CODE		CONTACT TELEPHONE NO.																									
PERMANENT ADDRESS		CITY	STATE	ZIP CODE		E-MAIL ADDRESS (optional)																									
ANY PREVIOUS NAME(S)? YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, IDENTIFY ALL OTHER NAMES INCLUDING MAIDEN NAME:				BEST TIME TO CONTACT YOU:		DATE AVAILABLE FOR WORK:																									
POSITION APPLIED FOR:				CHECK ALL YOU WOULD CONSIDER WORKING:																											
SALARY DESIRED:				FULL TIME / REGULAR <input type="checkbox"/>																											
HOW DID YOU LEARN ABOUT THIS POSITION? (NEWSPAPER, INTERNET, FRIEND, IF OTHER - PLEASE LIST)				FULL TIME / TEMPORARY <input type="checkbox"/>																											
RELATIVES OR FRIENDS EMPLOYED IN THIS FACILITY? YES <input type="checkbox"/> NO <input type="checkbox"/>				PART TIME / REGULAR <input type="checkbox"/>																											
NAME: DEPT: RELATIONSHIP:				PART TIME / TEMPORARY <input type="checkbox"/>																											
HAVE YOU EVER BEEN EMPLOYED BY THIS FACILITY? ARE YOU 18 YRS OF AGE OR OLDER?				WEEKENDS & HOLIDAYS YES <input type="checkbox"/> NO <input type="checkbox"/>																											
YES <input type="checkbox"/> NO <input type="checkbox"/> WHEN? YES <input type="checkbox"/> NO <input type="checkbox"/>				ROTATING SHIFTS YES <input type="checkbox"/> NO <input type="checkbox"/>																											
ARE YOU A U.S. CITIZEN OR AN ALIEN LEGALLY AUTHORIZED TO WORK IN THE UNITED STATES?				ON CALL YES <input type="checkbox"/> NO <input type="checkbox"/>																											
YES <input type="checkbox"/> NO <input type="checkbox"/>				ANY SHIFT YES <input type="checkbox"/> NO <input type="checkbox"/>																											
LONG RANGE OCCUPATIONAL GOALS:				SHIFT AVAILABILITY (check all that apply):																											
HAVE YOU EVER BEEN CONVICTED OF, OR PLEAD GUILTY TO, A CRIME OTHER THAN A MISDEMEANOR TRAFFIC VIOLATION? YES <input type="checkbox"/> NO <input type="checkbox"/>				DAYS <input type="checkbox"/> EVENINGS <input type="checkbox"/> NIGHTS <input type="checkbox"/>																											
IF YES, WHICH STATE(S), AND EXPLAIN: (You are not required to disclose any SEALED or EXPUNGED criminal records.)				HAVE YOU EVER BEEN INVOLVED IN THE SUBSTANTIATED ABUSE OR NEGLECT OF CHILDREN OR ADULTS UNDER THE LAWS OF THIS OR ANY OTHER STATE OF THE UNITED STATES? YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, WHICH STATE(S), AND EXPLAIN:																											
HAVE YOU EVER BEEN INVOLVED IN THE SUBSTANTIATED ABUSE OR NEGLECT OF CHILDREN OR ADULTS UNDER THE LAWS OF THIS OR ANY OTHER STATE OF THE UNITED STATES? YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, WHICH STATE(S), AND EXPLAIN:				HAVE YOU BEEN SANCTIONED, CITED, REPORTED, OR EXCLUDED FROM PARTICIPATION IN MEDICARE, MEDICAID, OR ANY OTHER HEALTHCARE RELATED LAW OR REGULATION? YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, EXPLAIN:																											
If your answer is "yes" to any of the above, you will not be automatically disqualified from employment consideration, except as required by state or federal law.				<table border="1"> <thead> <tr> <th>SCHOOL</th> <th>NAME AND ADDRESS OF SCHOOL</th> <th>COURSE OF STUDY</th> <th>CHECK LAST YEAR COMPLETED</th> <th>DID YOU GRADUATE?</th> <th>LIST DIPLOMA OR DEGREE</th> </tr> </thead> <tbody> <tr> <td>HIGH</td> <td></td> <td></td> <td>1 2 3 4</td> <td><input type="checkbox"/> YES <input type="checkbox"/> NO</td> <td></td> </tr> <tr> <td>COLLEGE</td> <td></td> <td></td> <td>1 2 3 4</td> <td><input type="checkbox"/> YES <input type="checkbox"/> NO</td> <td></td> </tr> <tr> <td>COLLEGE</td> <td></td> <td></td> <td>1 2 3 4</td> <td><input type="checkbox"/> YES <input type="checkbox"/> NO</td> <td></td> </tr> </tbody> </table>				SCHOOL	NAME AND ADDRESS OF SCHOOL	COURSE OF STUDY	CHECK LAST YEAR COMPLETED	DID YOU GRADUATE?	LIST DIPLOMA OR DEGREE	HIGH			1 2 3 4	<input type="checkbox"/> YES <input type="checkbox"/> NO		COLLEGE			1 2 3 4	<input type="checkbox"/> YES <input type="checkbox"/> NO		COLLEGE			1 2 3 4	<input type="checkbox"/> YES <input type="checkbox"/> NO	
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COLLEGE			1 2 3 4	<input type="checkbox"/> YES <input type="checkbox"/> NO																											
OTHER Business College or Special Courses: (Include Special Military Training, Post Graduate and Nursing)				LIST OFFICE SKILLS INCLUDING COMPUTER/SOFTWARE EXPERIENCE:																											
AREA(S) OF SPECIALIZATION OR MAJOR INTEREST:				WORD PROCESSING: (Approx. WPM)																											
LIST HEALTH CARE, BUSINESS, OR INDUSTRIAL EQUIPMENT OPERATED:				<p>PROFESSIONAL LICENSES</p> <p><input type="checkbox"/> CURRENTLY LICENSED <input type="checkbox"/> ELIGIBLE FOR LICENSE <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, EXPLAIN:</p> <p>TYPE: STATE: DATE:</p> <p><input type="checkbox"/> CURRENTLY REGISTERED <input type="checkbox"/> ELIGIBLE FOR REGISTRATION <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, EXPLAIN:</p> <p>TYPE: STATE: DATE:</p> <p>PROFESSIONAL CERTIFICATIONS</p> <p><input type="checkbox"/> CURRENTLY CERTIFIED <input type="checkbox"/> ELIGIBLE FOR CERTIFICATION <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, EXPLAIN:</p> <p>TYPE: STATE: DATE:</p> <p><input type="checkbox"/> CURRENTLY LICENSED <input type="checkbox"/> ELIGIBLE FOR LICENSE <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, EXPLAIN:</p> <p>TYPE: STATE: DATE:</p> <p><input type="checkbox"/> CURRENTLY REGISTERED <input type="checkbox"/> ELIGIBLE FOR REGISTRATION <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, EXPLAIN:</p> <p>TYPE: STATE: DATE:</p>																											

PERSONAL

EDUCATION / SKILLS

PREVIOUS EXPERIENCE

Briefly describe duties and skills acquired through military or volunteer service: (include dates)

PROVIDE INFORMATION REGARDING PREVIOUS EMPLOYMENT BEGINNING WITH MOST RECENT EMPLOYER.

FROM: (MO/YR) TO: (MO/YR) SUPERVISOR'S NAME: FINAL SALARY

JOB TITLE: _____ PHONE: _____

EMPLOYER NAME: _____

ADDRESS: _____

DUTIES: _____

REASON FOR LEAVING: _____ YES NO

MAY WE CONTACT YOUR CURRENT EMPLOYER? YES NO

FROM: (MO/YR) TO: (MO/YR) SUPERVISOR'S NAME: FINAL SALARY

JOB TITLE: _____ PHONE: _____

EMPLOYER NAME: _____

ADDRESS: _____

DUTIES: _____

REASON FOR LEAVING: _____

FROM: (MO/YR) TO: (MO/YR) SUPERVISOR'S NAME: FINAL SALARY

JOB TITLE: _____ PHONE: _____

EMPLOYER NAME: _____

ADDRESS: _____

DUTIES: _____

REASON FOR LEAVING: _____

FROM: (MO/YR) TO: (MO/YR) SUPERVISOR'S NAME: FINAL SALARY

JOB TITLE: _____ PHONE: _____

EMPLOYER NAME: _____

ADDRESS: _____

DUTIES: _____

REASON FOR LEAVING: _____

PLEASE IDENTIFY AND EXPLAIN ANY GAPS IN EMPLOYMENT LONGER THAN THREE (3) MONTHS:

