

NAME / Last, First, Middle _____

POSITION _____

DATE _____



Jersey Community Hospital

400 Maple Summit Road
 P.O. Box 426
 Jerseyville, Illinois 62052
 618.498.6402

Employment Application

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

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.

Instructions: If completing in Adobe, TAB or CLICK to move to each data field. For check boxes, use ENTER, SPACE BAR, or CLICK. If additional room is necessary, submit an attachment page or write in margins after printing. **When completed, print and SIGN (original signature required).**

PERSONAL

LAST NAME	FIRST	MIDDLE	SOCIAL SECURITY NO.	
PRESENT ADDRESS	CITY	STATE	HOME TELEPHONE NO.	
PERMANENT ADDRESS	CITY	STATE	CONTACT TELEPHONE NO.	
ANY PREVIOUS NAME(S)? YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, IDENTIFY ALL OTHER NAMES INCLUDING MAIDEN NAME:			E-MAIL ADDRESS (optional)	
POSITION APPLIED FOR:		SALARY DESIRED:		
HOW WERE YOU REFERRED TO THIS FACILITY?				
RELATIVES OR FRIENDS EMPLOYED IN THIS FACILITY?		YES <input type="checkbox"/> NO <input type="checkbox"/>		
NAME:	DEPT:	RELATIONSHIP:		
HAVE YOU EVER BEEN EMPLOYED BY THIS FACILITY?		ARE YOU 18 YRS OF AGE OR OLDER?		
YES <input type="checkbox"/> NO <input type="checkbox"/> WHEN?	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?				
YES <input type="checkbox"/> NO <input type="checkbox"/>				
LONG RANGE OCCUPATIONAL GOALS:				
HAVE YOU EVER BEEN CONVICTED OF, OR PLEAD GUILTY TO, A CRIME OTHER THAN MISDEMEANOR TRAFFIC VIOLATIONS? YES <input type="checkbox"/> NO <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 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.				

EDUCATION / SKILLS

SCHOOL	NAME AND ADDRESS OF SCHOOL	COURSE OF STUDY	CHECK LAST YEAR COMPLETED				DID YOU GRADUATE?	LIST DIPLOMA OR DEGREE
			1	2	3	4		
HIGH							<input type="checkbox"/> YES <input type="checkbox"/> NO	
							<input type="checkbox"/> YES <input type="checkbox"/> NO	
COLLEGE							<input type="checkbox"/> YES <input type="checkbox"/> NO	
							<input type="checkbox"/> YES <input type="checkbox"/> NO	
COLLEGE							<input type="checkbox"/> YES <input type="checkbox"/> NO	
OTHER Business College or Special Courses: (Include Special Military Training, Post Graduate and Nursing)								
AREA(S) OF SPECIALIZATION OR MAJOR INTEREST:					LIST OFFICE SKILLS INCLUDING COMPUTER/SOFTWARE EXPERIENCE:			
LIST HEALTH CARE, BUSINESS, OR INDUSTRIAL EQUIPMENT OPERATED:						WORD PROCESSING: APPROX. WPM		

PROFESSIONAL LICENSES				PROFESSIONAL CERTIFICATIONS			
<input type="checkbox"/> CURRENTLY LICENSED	<input type="checkbox"/> ELIGIBLE FOR LICENSE	LICENSE OR REGISTRATION EVER SUSPENDED, REVOKED OR ON PROBATION?		<input type="checkbox"/> CURRENTLY CERTIFIED			
<input type="checkbox"/> CURRENTLY REGISTERED	<input type="checkbox"/> ELIGIBLE FOR REGISTRATION	<input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, EXPLAIN		<input type="checkbox"/> ELIGIBLE FOR CERTIFICATION			
TYPE:	STATE:			TYPE:			
NO:	DATE:			STATE:	DATE:		
PROFESSIONAL LICENSES				PROFESSIONAL CERTIFICATIONS			
<input type="checkbox"/> CURRENTLY LICENSED	<input type="checkbox"/> ELIGIBLE FOR LICENSE	LICENSE OR REGISTRATION EVER SUSPENDED, REVOKED OR ON PROBATION?		<input type="checkbox"/> CURRENTLY CERTIFIED			
<input type="checkbox"/> CURRENTLY REGISTERED	<input type="checkbox"/> ELIGIBLE FOR REGISTRATION	<input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, EXPLAIN		<input type="checkbox"/> ELIGIBLE FOR CERTIFICATION			
TYPE:	STATE:			TYPE:			
NO:	DATE:			STATE:	DATE:		

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:	SALARY(Hr/ Mo/Yr):
JOB TITLE: _____				
EMPLOYER: _____	PHONE: _____			
ADDRESS: _____				
DUTIES: _____				
REASON FOR LEAVING: _____				
MAY WE CONTACT YOUR CURRENT EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/>				

	FROM: (MO/YR)	TO: (MO/YR)	SUPERVISOR'S NAME:	SALARY(Hr/ Mo/Yr):
JOB TITLE: _____				
EMPLOYER NAME: _____	PHONE: _____			
ADDRESS: _____				
DUTIES: _____				
REASON FOR LEAVING: _____				

	FROM: (MO/YR)	TO: (MO/YR)	SUPERVISOR'S NAME:	SALARY(Hr/ Mo/Yr):
JOB TITLE: _____				
EMPLOYER NAME: _____	PHONE: _____			
ADDRESS: _____				
DUTIES: _____				
REASON FOR LEAVING: _____				

	FROM: (MO/YR)	TO: (MO/YR)	SUPERVISOR'S NAME:	SALARY(Hr/ Mo/Yr):
JOB TITLE: _____				
EMPLOYER NAME: _____	PHONE: _____			
ADDRESS: _____				
DUTIES: _____				
REASON FOR LEAVING: _____				

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

PREVIOUS EXPERIENCE

LANGUAGE

LANGUAGE SKILLS - DO NOT COMPLETE UNLESS REQUESTED

LANGUAGE	DO YOU?	<input type="checkbox"/> SPEAK	<input type="checkbox"/> FAIR <input type="checkbox"/> GOOD <input type="checkbox"/> FLUENT	<input type="checkbox"/> READ	<input type="checkbox"/> FAIR <input type="checkbox"/> GOOD <input type="checkbox"/> FLUENT	<input type="checkbox"/> WRITE	<input type="checkbox"/> FAIR <input type="checkbox"/> GOOD <input type="checkbox"/> FLUENT
LANGUAGE	DO YOU?	<input type="checkbox"/> SPEAK	<input type="checkbox"/> FAIR <input type="checkbox"/> GOOD <input type="checkbox"/> FLUENT	<input type="checkbox"/> READ	<input type="checkbox"/> FAIR <input type="checkbox"/> GOOD <input type="checkbox"/> FLUENT	<input type="checkbox"/> WRITE	<input type="checkbox"/> FAIR <input type="checkbox"/> GOOD <input type="checkbox"/> FLUENT

REFERENCES

LIST AT LEAST THREE (3) REFERENCES WHO ARE NOT RELATIVES:

NAME AND RELATIONSHIP	TITLE	COMPANY NAME AND ADDRESS	TELEPHONE

SIGNATURE

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 _____

FOR OFFICE USE ONLY

TO BE COMPLETED AFTER EMPLOYED

HIRED? YES NO SEE COMMENTS BELOW

REFERENCES CHECKED AND BY WHOM: REFERENCE #1 DATE REFERENCE #2 DATE REFERENCE #3 DATE

PERSONNEL NOTES (these notes are open to inspection -- keep information factual) _____

IF APPLICANT IS 18 YRS. OLD OR LESS, IS PROOF OF AGE ON FILE? YES <input type="checkbox"/> NO <input type="checkbox"/>	INTERVIEWER'S SIGNATURE
STARTING DATE <input type="checkbox"/> EXEMPT <input type="checkbox"/> NON-EXEMPT	COMPLETION OF EVALUATION PERIOD DATE APPROVED BY
DEPARTMENT COST CENTER	SIGNATURE
POSITION/JOB SITE	<input type="checkbox"/> FULL TIME <input type="checkbox"/> ON CALL STATUS <input type="checkbox"/> PART TIME <input type="checkbox"/> ROTATION
STARTING SALARY/GRADE DIFFERENTIAL	SHIFT EMPLOYEE NUMBER
NOTIFY IN CASE OF EMERGENCY NAME RELATIONSHIP ADDRESS TELEPHONE	