

Employment Application

An Equal Opportunity Employer.

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



**Illinois Valley
Community Hospital**

Community values. Extraordinary care.

925 West Street • Peru, Illinois 61354 • 815-223-3300

www.ivch.org

NAME / Last, First, Middle

POSITION

DATE

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.

(Please Print in Ink)

PERSONAL

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
Position applied for				Salary desired
How did you learn about this position? (Newspaper, internet, friend, if other - please list)				
Relatives or friends employed in this facility? YES <input type="checkbox"/> NO <input type="checkbox"/>				
Name	Department	Relationship		
Have you ever been employed by this facility? YES <input type="checkbox"/> NO <input type="checkbox"/> When?		Are you 18 years of age or older? 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				
Check all you would consider working				
Full Time / Regular <input type="checkbox"/>				
Full Time / Temporary <input type="checkbox"/>				
Part Time / Regular <input type="checkbox"/>				
Part Time / Temporary <input type="checkbox"/>				
Would you consider working				
Weekends & Holidays YES <input type="checkbox"/> NO <input type="checkbox"/>				
Rotating shifts YES <input type="checkbox"/> NO <input type="checkbox"/>				
On call YES <input type="checkbox"/> NO <input type="checkbox"/>				
Any shift YES <input type="checkbox"/> NO <input type="checkbox"/>				
Shift availability (check all that apply)				
Days <input type="checkbox"/> Evenings <input type="checkbox"/> Nights <input type="checkbox"/>				

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 NO If YES, which state(s), and explain:

Have you been sanctioned, cited, reported, or excluded from participation in medicare, medicaid, or any other health care related law or regulation?
YES NO 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							YES <input type="checkbox"/> NO <input type="checkbox"/>	
College							YES <input type="checkbox"/> NO <input type="checkbox"/>	
College							YES <input type="checkbox"/> NO <input type="checkbox"/>	
Other Business College or Special Courses (Include Special Military Training, Post Graduate and Nursing)								
Areas(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

Currently Licensed
 Currently Registered

Eligible for License
 Eligible for Registration

License or Registration **EVER**
Suspended, Revoked or On Probation?
 YES NO If YES, explain:

TYPE:
NO:

STATE:
DATE:

Currently Licensed
 Currently Registered

Eligible for License
 Eligible for Registration

License or Registration **EVER**
Suspended, Revoked or On Probation?
 YES NO If YES, explain:

TYPE:
NO:

STATE:
DATE:

PROFESSIONAL CERTIFICATIONS

Currently Certified
 Eligible for Certification

TYPE:
STATE: DATE:

Currently Certified
 Eligible for Certification

TYPE:
STATE: DATE:

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.

Job Title	FROM: (MO / YR)	TO: (MO / YR)	SUPERVISOR'S NAME:	SALARY (HR / MO / YR)

Employer Name _____ Phone _____

Address _____

Duties _____

Reason for Leaving _____

May we contact your current employer? YES NO

Job Title	FROM: (MO / YR)	TO: (MO / YR)	SUPERVISOR'S NAME:	SALARY (HR / MO / YR)

Employer Name _____ Phone _____

Address _____

Duties _____

Reason for Leaving _____

Job Title	FROM: (MO / YR)	TO: (MO / YR)	SUPERVISOR'S NAME:	SALARY (HR / MO / YR)

Employer Name _____ Phone _____

Address _____

Duties _____

Reason for Leaving _____

Job Title	FROM: (MO / YR)	TO: (MO / YR)	SUPERVISOR'S NAME:	SALARY (HR / MO / YR)

Employer Name _____ Phone _____

Address _____

Duties _____

Reason for Leaving _____

Please identify and explain any gaps in employment longer than three (3) months

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) PROFESSIONAL / WORK / SCHOOL REFERENCES WHO ARE NOT RELATIVES OR PERSONAL ACQUAINTANCES

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

Hired? YES NO See Comments Below

References Checked and by Whom

Reference #1 _____ Date _____ Reference #2 _____ Date _____ Reference #3 _____ Date _____

Personnel Notes (*Please keep all information factual*) _____

If Applicant is 18 years old or less, is proof of age on file? <input type="checkbox"/> YES <input type="checkbox"/> NO		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"/> Part Time	<input type="checkbox"/> On Call Status <input type="checkbox"/> Rotation	
Starting Salary / Grade	Differential	Shift	Employee Number
Notify in Case of Emergency	Name	Relationship	Address Telephone