

911 Stacy Burk Drive
 Flora, IL 62839
 618-662-2131

Clay County Hospital

EMPLOYMENT APPLICATION

THE FOLLOWING INFORMATION IS REQUIRED IN ORDER TO HELP THE HOSPITAL MAKE THE BEST POSSIBLE SELECTION OF A CANDIDATE FOR EMPLOYMENT. ALL PORTIONS OF THIS APPLICATION MUST BE COMPLETED. WE APPRECIATE THE TIME YOU SPEND FILLING IN THE APPLICATION FORM.

PRE-EMPLOYMENT QUESTIONNAIRE - AN EQUAL OPPORTUNITY EMPLOYER

Date

PERSONAL INFORMATION

Last Name	First Name	Email Address		
Address	Apt. No.	City	State	Zip
Are You 18 Years or Older? ____ Yes ____ No	Phone Number:		Alternate Phone Number:	

DESIRED EMPLOYMENT

Position	Date You Can Start	Salary Desired
Are you employed now? ____ Yes ____ No	If employed, may we inquire of your present employer? ____ Yes ____ No	
Have you ever worked for CCH before? ____ Yes ____ No	If YES, In which department did you work?	When did you work at CCH?
Do you have friends or relatives employed by Clay County Hospital? ____ Yes ____ No If yes, please list:		
Which shift will you accept? ____ Day ____ Evening ____ Night ____ Rotating ____ Weekends		
Which job status will you accept? ____ Full-Time ____ Part-Time ____ PRN		

EDUCATION

School Level	Name and Location Of School	Number of Years Attended	Did You Graduate?	Subjects Studied

GENERAL

Subjects of Special Study or Research Work

Special Training

Special Skills

FORMER EMPLOYERSName of Present
or Last Employer

Address

City

State

Zip

Start Date

Leave Date

Job Title

Starting Rate of Pay

Ending Rate of Pay

May We Contact Your Supervisor?

Name of Supervisor

Title

Phone

Description of Work

Reason for Leaving

Name of Previous
Employer

Address

City

State

Zip

Start Date

Leave Date

Job Title

Starting Rate of Pay

Ending Rate of Pay

May We Contact Your Supervisor?

Name of Supervisor

Title

Phone

Description of Work

Reason for Leaving

Name of Previous
Employer

Address

City

State

Zip

Start Date

Leave Date

Job Title

Starting Rate of Pay

Ending Rate of Pay

May We Contact Your Supervisor?

Name of Supervisor

Title

Phone

Description of Work

Reason for Leaving

Has your employment been terminated (or not renewed) by any employer in the Last 5 years?

If "yes", please explain:

(Please attach an additional sheet if more space is needed for your explanation).

PROFESSIONAL LICENSES		
Currently Licensed? Type: Number: State: Date:	Eligible for License? Type: State: Date:	License or registration ever suspended, revoked or on probation? If YES, explain:
Currently Registered? Type: Number: State: Date:	Eligible for Registration? Type: State: Date:	Currently Certified? Type: State: Date:

REFERENCES		
Below, list three professional/work/school references who are not relatives or personal acquaintances.		
Name	Company	Phone Number

MILITARY SERVICE RECORD	
Branch of Service	Years of Service

CRIMINAL BACKGROUND INFORMATION		
<p>CLAY COUNTY HOSPITAL SEEKS INDIVIDUALS FOR EMPLOYMENT WHO WILL BE ROLE MODELS. THE HOSPITAL IS ALSO CONCERNED WITH PROVIDING A SAFE ENVIRONMENT. AS A CONSEQUENCE, CLAY COUNTY HOSPITAL HAS DETERMINED THAT IT IS NOT ONLY ITS RIGHT, BUT ITS DUTY AS WELL, TO OBTAIN INFORMATION ON AN APPLICANT'S CRIMINAL <u>CONVICTION</u> RECORD. A CONVICTION WILL NOT AUTOMATICALLY DISQUALIFY AN APPLICANT FOR CONSIDERATION. THE HOSPITAL WILL NOT ASK, AND YOU ARE NOT REQUIRED TO DISCLOSE INFORMATION ABOUT EXPUNGED JUVENILE RECORDS OF ARREST AND CONVICTION. EXCLUDING MINOR TRAFFIC VIOLATIONS SUCH AS SPEEDING, ETC., STATE WHETHER OR NOT YOU HAVE BEEN CONVICTED OF A CRIME.</p>		
<p style="text-align: center;"> <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, SPECIFY: </p>		
Type of Offense	Date/Year	County & State
_____	_____	_____
_____	_____	_____
<p>A conviction record will not necessarily be a bar to employment, and factors such as age and time of the offense, seriousness and nature of the violation and rehabilitation, will be taken into account.</p>		

UNDERSTANDING AND AUTHORIZATION

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

Clay County Hospital reserves the right to confer with persons listed by you as a reference, or with any other individuals, with knowledge concerning your total qualifications for the position. The Hospital will not inquire into your financial status, religious affiliation, marital status, or on other matters unrelated to your qualifications to fill the position for which you applied. You agree to submit to a criminal background investigation upon conditional offer of employment. Information received from such inquiries will be used solely for determining your employability with Clay County Hospital and for no other purpose. This information will not be shared with anyone other than those Hospital representatives involved in the selection process. Unless you are willing to authorize Clay County Hospital to make such inquiries, your application will not be considered.

I hereby consent to having Clay County Hospital contact anyone that it deems appropriate to investigate or verify any information I have given or to discuss my background, past performance, or suitability for employment. I further consent to being discussed by any person so contacted and I waive all rights to bring any action for defamation, invasion of privacy, or any similar cause against anyone contacted as a result of what he or she may say about me.

I understand that Clay County Hospital has a drug and alcohol policy that provides for pre-employment testing as well as testing after employment. Consent to and compliance with such policy is a condition of my employment.

I understand that this document is not an offer of employment, and that an offer of employment, if tendered, does not constitute a contract for continued guaranteed employment. I understand that staff employees of Clay County Hospital serve at-will, and the employment relationship may be terminated at any time by either party, for any or no reason, other than a reason prohibited by law.

If employed, I will be required to furnish proof of eligibility to work in the United States.

If employed on a regular, benefits-eligible basis, I understand that I will be required to make mandatory contributions to the Illinois Municipal Retirement Fund (IMRF). I understand that any benefits I receive may be subject to change or discontinuation at any time without prior notice.

Clay County Hospital is a tobacco free campus.

Applicant Signature: _____ Date: _____

Clay County Hospital, in accordance with state and federal laws, does not discriminate on the basis of age, race, religion, color, sex, national origin, marital status or disability.