



**M** **H** **MEMORIAL**  
**HOSPITAL**

**H** **C** **HANCOCK COUNTY**  
**N** **H** **NURSING HOME**

PO BOX 160  
SOUTH ADAMS STREET  
CARTHAGE, ILLINOIS 62321  
(217) 357-3131



# EMPLOYMENT APPLICATION

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

© Copyright 1997 Association Management Resources Printed in USA

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.

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:			BEST TIME TO CONTACT YOU:	DATE AVAILABLE FOR WORK:
			ARE YOU APPLYING FOR:	
			FULL TIME <input type="checkbox"/>	PART TIME <input type="checkbox"/>
			REGULAR <input type="checkbox"/>	TEMPORARY <input type="checkbox"/>

POSITION APPLIED FOR		SALARY DESIRED:	
HOW WERE YOU REFERRED TO THIS FACILITY?		WOULD YOU CONSIDER WORKING:	
RELATIVES OR FRIENDS EMPLOYED IN THIS FACILITY? YES <input type="checkbox"/> NO <input type="checkbox"/>		WEEKENDS & HOLIDAYS YES <input type="checkbox"/> NO <input type="checkbox"/>	
NAME: _____ DEPT: _____ RELATIONSHIP: _____		ROTATING SHIFTS YES <input type="checkbox"/> NO <input type="checkbox"/>	
HAVE YOU EVER BEEN EMPLOYED BY THIS FACILITY? YES <input type="checkbox"/> NO <input type="checkbox"/> WHEN? _____		ON CALL YES <input type="checkbox"/> NO <input type="checkbox"/>	
ARE YOU 18 YRS OF AGE OR OLDER? YES <input type="checkbox"/> NO <input type="checkbox"/>		ANY SHIFT YES <input type="checkbox"/> NO <input type="checkbox"/>	
LONG RANGE OCCUPATIONAL GOALS:		SHIFT PREFERENCE:	
		DAYS <input type="checkbox"/> EVENINGS <input type="checkbox"/> NIGHTS <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"/>	

HAVE YOU EVER BEEN CONVICTED OF, OR PLEAD GUILTY TO, A CRIME (EXCLUDING MISDEMEANOR TRAFFIC VIOLATIONS)? YES  NO  IF YES, EXPLAIN: \_\_\_\_\_

If your answer is "yes," you will not automatically be disqualified from employment consideration, except as required by state or federal law.

Applicants are not obligated to disclose sealed or expunged records of convictions or arrests.

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								
COLLEGE								
COLLEGE								
OTHER Business College, Other Special Courses (Include Special Military Training, Post Graduate and Nursing)								
AREA OF SPECIALIZATION OR MAJOR INTEREST			TYPING: APPROX. WPM			SHORTHAND: APPROX. WPM		
LIST HEALTH CARE, BUSINESS, OR INDUSTRIAL EQUIPMENT OPERATED:								

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

**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

**PREVIOUS EXPERIENCE**

**PROVIDE INFORMATION REGARDING PREVIOUS EMPLOYMENT BEGINNING WITH MOST RECENT EMPLOYER.**

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

\_\_\_\_\_

\_\_\_\_\_

Did you serve in the U.S. Armed Services? Yes  No  What Branch?

Have you volunteered your time or services? Yes  No  Where?

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

---

---

---

REFERENCES

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

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  NO

INTERVIEWER'S SIGNATURE

STARTING DATE  EXEMPT  
 NON-EXEMPT

COMPLETION OF EVALUATION PERIOD APPROVED BY  
DATE

DEPARTMENT COST CENTER

SIGNATURE

POSITION/JOB SITE

FULL TIME  ON CALL STATUS  
 PART TIME  ROTATION

STARTING SALARY/GRADE

DIFFERENTIAL

SHIFT

EMPLOYEE NUMBER

NOTIFY IN CASE OF EMERGENCY

NAME

RELATIONSHIP

ADDRESS

TELEPHONE