

Application for Employment

Hardin County General Hospital

Box 2467, 6 Ferrell Road

Rosiclare, Illinois 62982

Equal access to programs, services and employment is available to all persons. Those applicants requiring accommodations to the application and/or interview process should notify the Human Resources Manager.

Position(s) applied for _____ Date of Application ____/____/____

Name: _____
Last First Middle

Address: _____
Street City State Zip Code

Telephone# (____) _____ Alt Phone # (____) _____ Social Security # _____

Have you ever been employed here before?..... ☐ Yes ☐ No

Are you legally eligible for employment in this country? ☐ Yes ☐ No

Date available for work ____/____/____

Expected rate of pay \$ _____

Type of employment desired: ☐ Full-Time ☐ Part-Time ☐ Temporary ☐ Seasonal

Are you able to meet the attendance requirements of this position? ☐ Yes ☐ No

Have you been convicted of a crime in the last 7 years? ☐ Yes ☐ No

If yes please explain _____

CONVICTION WILL NOT NECESSARILY BE A BAR TO EMPLOYMENT, EACH INSTANCE AND EXPLANATION WILL BE CONSIDERED IN RELATION TO THE POSITION FOR WHICH YOU ARE APPLYING.

EMPLOYMENT HISTORY

Provide the following information for your past (4) employers assignments or volunteer activities, starting with the most recent.

From:	To:	Employer:	Telephone:
Job Title		Address	
Immediate Supervisor and Title:		Summarize the nature of work performed and Job responsibilities.	
Reason for leaving:		Hourly Rate/ Salary Start\$ _____ Per _____ Final\$ _____ Per _____	
From:	To:	Employer:	Telephone:
Job Title		Address	
Immediate Supervisor and Title:		Summarize the nature of work performed and Job responsibilities.	
Reason for leaving:		Hourly Rate/ Salary Start\$ _____ Per _____ Final\$ _____ Per _____	
From:	To:	Employer:	Telephone:
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Reason for leaving:		Hourly Rate/ Salary Start\$ _____ Per _____ Final\$ _____ Per _____	
From:	To:	Employer:	Telephone:
Job Title		Address	
Immediate Supervisor and Title:		Summarize the nature of work performed and Job responsibilities.	
Reason for leaving:		Hourly Rate/ Salary Start\$ _____ Per _____ Final\$ _____ Per _____	

Summarize any training, skills, licenses and/or certificates that may qualify you as being able to perform job-related functions in the position you are applying. _____

Educational Background

NAME AND LOCATION	YEARS COMPLETED	DID YOU GRADUATE?		COURSE OF STUDY
HIGH SCHOOL				
COLLEGE		MAJOR	DEGREE	
OTHER				

References

NAME AND ADDRESS	TELEPHONE	YEARS KNOWN
	()	
	()	
	()	

I understand that if I am employed any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate discharge from the employers service, whenever it is discovered.

I give the employer the right to contact and obtain information from all references, employers, educational institutions and to otherwise verify the accuracy of the information contained in this application. Hereby release from liability the employer and its representatives fro seeking, gathering and using such information and all other persons, corporations or organizations or organizations for furnishing such information.

The employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any application from consideration for employment on a basis prohibited by local state or federal law.

The application is current for only one year, at the conclusion of this time if I still wish to be considered for employment, it will be necessary to fill out a new application.

If I am hired, I understand that I am free to resign at any time with or without cause and without prior notice and the employer reserves the same right to terminate my employment at any time with or without cause and without prior notice except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no representative of the employer other than an authorized officer has the authority to make any assurances to the contrary. I further understand that any such assurances must be in writing and signed by an authorized office officer.

I understand it is the company's policy not to refuse to hire a qualified individual with a disability because of the person's need for a reasonable accommodation as required by ADA.

I understand that a drug and alcohol screen will be included in my physical for employment and if failed employment rescinded.

I understand that a criminal investigation background check will be conducted in accordance with the health care worker background act.

I also understand that if I am hired I will be required to provide proof of identity and legal work authorization.

I represent and warrant that I have read and fully understand the foregoing and seek employment under these conditions.

Reference Reply Only

Hardin County General Hospital
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Rosiclare, Illinois 62982

_____ has applied for employment at our facility in the capacity of _____ and has given you as a reference or reported previous employment in your organization. In order for us to make an appraisal of this applicant's qualifications, we would appreciate your answers to our inquiries Your reply will be regarded as confidential.
Thank You,

Susie Degrave, Human Resources

Applicant's Signature

Date ____/____/____

Period of employment: From: _____ To: _____
Did applicant give entire satisfaction? _____
Why did applicant leave your service? _____
Would applicant be eligible for re-employment? ☐ Yes ☐ No

Please rate applicant's qualities by checking the following points

	Excellent	Good	Satisfactory	Poor
Attendance	☐	☐	☐	☐
Punctuality	☐	☐	☐	☐
Dependability	☐	☐	☐	☐
Personality	☐	☐	☐	☐
Judgment	☐	☐	☐	☐
Efficiency	☐	☐	☐	☐
Cooperativeness	☐	☐	☐	☐
Ability	☐	☐	☐	☐
Personal Appearance	☐	☐	☐	☐
Adaptability	☐	☐	☐	☐
Confidentiality	☐	☐	☐	☐
Accuracy	☐	☐	☐	☐

Other Comments: _____

Signature: _____ Date: _____