

Application for Employment

AN EQUAL OPPORTUNITY EMPLOYER

St. Mary of Providence

4200 N. Austin Ave. Chicago, IL 60634

Phone: 773-545-8300

PLEASE PRINT

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

Position(s) applied for _____ Date application completed _____

Referral Source Advertisement Employee Relative Government Employment Agency

Walk-in Private Employment Agency Other

Name of source (if applicable) _____

Name _____
LAST FIRST MIDDLE

Address _____
STREET CITY STATE ZIP CODE COUNTY

Telephone No. (Home) _____ Cell No. _____

Best times to call and on which phone (home or cell)? _____

E-Mail Address (If applicable) _____

If you are under 18, and it is required, can you furnish a work permit? yes/no

If no, please explain _____

Have you submitted an application before? yes or no If "Yes", give date(s) _____

Have you ever been employed at St. Mary of Providence before? yes or no If "Yes", give date(s) _____

Are you legally eligible for employment in this country? yes/no

If hired, on what date would you be available to start working at St. Mary of Providence? Date _____

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

Will you relocate if job requires it? yes/no Will you travel if job requires it? yes/no

Are you able to meet the attendance requirements of the position? yes/no

Are you able to work overtime, if required? yes/no

If you are not able to work overtime, please explain why? _____

If driving is an essential job function, what is your driver's license number? _____

In what State was your driver's license issued? _____

Have you been convicted of a crime in the last (7) years? yes/no If "yes", please explain _____

A conviction will not necessarily bar anyone from employment; each instance and explanation will be considered in relation to the position applied for at this time.

(Rev. 09/06/19)

Provide the following information about any previous or current employer, or volunteer activities, starting with the most recent (use additional sheets if necessary)

1. Employer Name:	TELEPHONE	DATES FROM	EMPLOYED TO	Summarize the Type of Work Performed and Job Responsibilities
Employer Address:				
Job Title:				
Name and Title of Immediate Supervisor				
Reason for Leaving:				
May we Contact your Supervisor for a Reference?				
2. Employer Name	TELEPHONE	DATES FROM	EMPLOYED TO	Summarize the Type of Work Performed and Job Responsibilities
Employer Address:				
Job Title:				
Name and Title of Immediate Supervisor				
Reasons for Leaving:				
May we Contact your Supervisor for a reference?				
3. Employer Name:	TELEPHONE	DATES FROM	EMPLOYED TO	Summarize the Type of Work Performed and Job Responsibilities
Employer Address:				
Job Title:				
Name and Title of Immediate Supervisor				
Reasons for Leaving:				
May we Contact your Supervisor for a reference?				

Comments (Include explanation(s) of any gaps in employment)

Skills and Qualifications (Include any special training, skills, licenses and/or certification that may qualify you to perform the job-related duties and functions of the position for which you are applying)

Educational Background (If job related)

Name of School(s) Attended	Year(s) Completed	Degrees/Diploma Obtained	GPA	Major	Minor

References

List name and telephone number of three (3) business/work references that are NOT related to you. If not applicable, list (3) school or personal references that are **NOT** related to you.

NAME	TELEPHONE	YEARS KNOWN

Additional Information

List professional, trade, business or civic associations and any offices held. **EXCLUDE MEMBERSHIP WHICH WOULD REVEAL SEX, RACE, RELIGION, NATIONAL ORIGIN, AGE, COLOR, DISABILITY OR OTHER PROTECTED STATUS.**

ORGANIZATION	OFFICE HELD

List special accomplishments, publications, awards, etc. **EXCLUDE MEMBERSHIP WHICH WOULD REVEAL SEX, RACE, RELIGION, NATIONAL ORIGIN, AGE, COLOR, DISABILITY OR OTHER PROTECTED STATUS.**

We would like a writing sample. Please write a few sentences telling us why you would like to work for St. Mary of Providence.

I understand that if I am hired to work at St. Mary of Providence, any misrepresentation, or material omissions made by me on this application will be sufficient cause for cancellation of this application or immediate discharge from the employer's service.

I give the employer the right to contact and obtain information for all references, employers, and educational institutions, and to otherwise verify the accuracy of the information contained in this application. I hereby release from liability the employer and its representative for seeking, gathering and using such information and all other persons, corporations 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 applicant from consideration for employment on a basis prohibited by local, state or federal law.

This application is current for only 60 days. At the conclusion of this time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to complete a new application.

I understand that if I am hired 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 authorization to make any assurances to the contrary. I further understand that any such assurances must be in writing and signed by an authorized officer.

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

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

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

Signature of Applicant _____ Date Signed _____

**St. Mary of Providence
4200 North Austin Avenue
Chicago, Illinois 60634
773-545-8300**

AUTHORIZATION TO RELEASE EMPLOYMENT RECORDS

Date: _____

Permission is hereby granted to release the employment records of
_____ **to St. Mary of Providence.**

Any copy of this form and signature may be used as an original for the release of employment records.

Permission is also granted to inquire as to any and all prior criminal arrests and convictions. The aforesaid being considered as condition of employment.

SIGNATURE: _____

ADDRESS: _____

CITY, STATE, ZIP CODE: _____

Previous Name (if ever employed under another name): _____

(Over)

St. Mary of Providence is an Equal Opportunity Employer

REV: 9/7/18



Pre-Employment Questionnaire

1. Please list the name of all healthcare facilities you have worked at in the last 30 days.

2. Date you last worked in a healthcare setting. _____

3. To your knowledge, did the healthcare facility/setting have an exposure to COVID- 19?

Yes No

If yes, on what date: _____

4. During your tenure were you exposed to COVID-19 or a person with symptoms of COVID-19?

Yes No

If yes, on what date? _____

5. Have you been tested for COVID-19?

Yes No

If yes, what type of test was conducted?

Nasopharyngeal/ Oropharyngeal

Rapid Test

What were the results?

Positive

Negative

For rapid testing with a negative result - Was a second test administered 5 days later?

Yes No

I declare that the forgoing answers are true and correct to the best of my knowledge.

Employee Signature

Date

** This information is considered HIPAA and confidential, it will only be seen by Administrator/ Director of Nursing and HR. This information will be filed in the medical record for each employee if hired.

**I _____ have contacted the above mentioned healthcare facility and have
(Facility Administrator)
verified exposure details with their administration.**

Person to whom you spoke

Date

Time

NHA Signature

Date