

## Application for Employment

### PERSONAL INFORMATION

Position you are applying for: \_\_\_\_\_

Title \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

1. Are you eligible for employment in the United States?  Yes  No
2. Have you ever been employed by SBL Fayette County Hospital?  Yes  No
3. Are you willing to complete a post-offer physical which includes a drug screen for illegal drugs?  Yes  No
4. Do you have any limitations that would affect your ability to perform the essential functions of the position?  
 Yes  No
5. Are you a current employee of SBL Fayette County Hospital?  Yes  No
6. What shifts are you willing to work?  Day  Evening  Night  Any
7. What employment status are you most interested in?  FT  PT  PRN  Any
8. What is your second choice of shifts you are willing to work?  Day  Evening  Night  Any
7. What is your second choice of employment status?  FT  PT  PRN  Any

### EDUCATION

Type of School	Name	Location	Years Attended	Degree
High School	_____	_____	_____	_____
College/University	_____	_____	_____	_____
Business/Trade School	_____	_____	_____	_____
Professional School	_____	_____	_____	_____
Other Training	_____			

## EMPLOYMENT INFORMATION

Please provide complete work history information. Accurate compensation offers are based on applicable experience and education.

Current Employer (if any): \_\_\_\_\_ Job Title: \_\_\_\_\_

Dates Employed: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Job Responsibilities: \_\_\_\_\_

Contact Name: \_\_\_\_\_  OK to contact

Phone: \_\_\_\_\_ Ext: \_\_\_\_\_

Email: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

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Dates Employed: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Job Responsibilities: \_\_\_\_\_

Contact Name: \_\_\_\_\_  OK to contact

Phone: \_\_\_\_\_ Ext: \_\_\_\_\_

Email: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

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Job Responsibilities: \_\_\_\_\_

Contact Name: \_\_\_\_\_  OK to contact

Phone: \_\_\_\_\_ Ext: \_\_\_\_\_

Email: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

## REFERENCES

Please provide at least two professional references.

Name	Phone	Email	Relationship
<hr/> <hr/>	<hr/> <hr/>	<hr/> <hr/>	<hr/> <hr/>

### How did you hear about us?

Website  Facebook  Family Member  Employee  Newspaper  Other \_\_\_\_\_

If you selected "Employee", would you like to share the name? \_\_\_\_\_

We are required to compile the following information for statistical purposes in order to fulfill certain federal regulations relating to Equal Employment Opportunity and Affirmative Action requirements. The information you provide is strictly voluntary, and the content of the information will not affect your eligibility for employment. Similarly, if you choose not to provide this information it will not affect your eligibility for employment.

### Please select veteran status:

Not applicable  Active  Retired

In submitting this application for employment, I understand that an inquiry may be made whereby information is obtained regarding my character, previous employment, general reputation, education, educational background and/or driving record. I attest that the information in this application is complete and accurate to the best of my knowledge. I authorize inquiry of all statements contained in this application and do hereby release and all persons, companies or agencies responding to such an investigation from any and all liability for damage due to releasing information pertaining hereto. Any misrepresentations or omission of facts in this application may result in my immediate discharge from employment or a revocation of an offer of employment. This application is in no way intended to be a contract. Any employment is contingent upon meeting SBL Fayette County Hospital standards for the placement which includes completion of the post-offer physical examination including urine drug screen, satisfactory results from reference checks, OIG sanction check, and Illinois State Police criminal background check. If you are covered by the Illinois Healthcare Workers' Background Check Act, you may obtain a copy or the Criminal Conviction Report, challenge its accuracy, and/or request a waiver. It is the policy of SBL Fayette County Hospital to provide opportunities for employment to all qualified applicants according to federal and state law. Applicants are considered without regard to race, religion, gender identity, sexual orientation, age, national origin, veteran or disability.

Enter signature: \_\_\_\_\_ Date: \_\_\_\_\_