



**CARLINVILLE
AREA
HOSPITAL**

1001 E. Morgan Street • Carlinville, Illinois 62626

Telephone (217) 854-3141

www.cahcare.com

EMPLOYMENT APPLICATION FORM

NAME:
Last

First

Middle

Position

AN EQUAL OPPORTUNITY EMPLOYER MALE/FEMALE/HANDICAPPED

Carlinville Area Hospital complies with all applicable Federal, State and Local Laws, prohibiting discrimination against job applicants on the basis of age, sex, religion, race, color, arrest record, physical or mental handicap, national origin, and any other characteristic protected by law, except where age or sex are bona fide occupational qualification or where a disability prevents the individual, either with or without reasonable accommodations, from performing the essential functions of the job. Applicants also may be disqualified for having a dishonorable military discharge.

PERSONAL

LAST NAME	FIRST	MIDDLE	SOCIAL SECURITY NO.
PRESENT ADDRESS	CITY	STATE	ZIP
TELEPHONE NO.			
PERMANENT ADDRESS	CITY	STATE	ZIP
TELEPHONE NO.			
POSITION APPLIED FOR			SALARY DESIRED
HOW WERE YOU REFERRED TO THIS FACILITY?			ARE YOU APPLYING FOR FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> PRN (Pool) <input type="checkbox"/>
RELATIVES OR FRIENDS EMPLOYED IN THIS FACILITY? YES <input type="checkbox"/> NO <input type="checkbox"/> DEPARTMENT: _____ WHO: _____			DATE AVAILABLE FOR WORK:
HAVE YOU EVER BEEN EMPLOYED BY THIS FACILITY? (WHEN?)	ARE YOU 18 YEARS OF AGE OR OLDER? YES <input type="checkbox"/> NO <input type="checkbox"/>		WOULD YOU CONSIDER WORKING ANY SHIFT? YES <input type="checkbox"/> NO <input type="checkbox"/> WEEKENDS & HOLIDAYS YES <input type="checkbox"/> NO <input type="checkbox"/> ROTATING SHIFTS YES <input type="checkbox"/> NO <input type="checkbox"/> ON CALL YES <input type="checkbox"/> NO <input type="checkbox"/>
YOUR NAME WHILE EMPLOYED:			SHIFT PREFERENCE: 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>
LONG RANGE OCCUPATIONAL GOALS:			
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"/>			
WERE YOU EVER CONVICTED OF A FELONY? YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, PLEASE EXPLAIN: (Note: A conviction of Felony will not necessarily disqualify an applicant – the nature of the crime and when the conviction occurred will be considered. You are NOT obligated to disclose sealed or expunged records of conviction or arrest.)			
HAVE YOU EVER BEEN SANCTIONED FOR ABUSE OR FRAUD? YES <input type="checkbox"/> NO <input type="checkbox"/>			
DO YOU HAVE THE PHYSICAL ABILITY TO PERFORM ALL THE ESSENTIAL DUTIES OF THE JOB(S) FOR WHICH YOU ARE APPLYING? YES <input type="checkbox"/> NO <input type="checkbox"/> IF NO, PLEASE EXPLAIN:			
ARE THERE WORKPLACE ACCOMMODATIONS, WHICH WOULD ASSURE BETTER JOB PLACEMENT AND/OR ENABLE YOU TO PERFORM YOUR JOB AT MAXIMUM CAPACITY? YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, PLEASE INDICATE:			

EDUCATION/SKILLS

SCHOOL	NAME AND ADDRESS OF SCHOOL	COURSE OF STUDY	CHECK LAST YEAR COMPLETED				DID YOU GRADUATE? <input type="checkbox"/> YES <input type="checkbox"/> NO	LIST DIPLOMA OR DEGREE	LAST NAME
			1	2	3	4			
HIGH									
COLLEGE									
COLLEGE									

PROFESSIONAL LICENSES AND/OR CERTIFICATIONS				
ARE YOU CURRENTLY:	<input type="checkbox"/> REGISTERED	<input type="checkbox"/> LICENSED	<input type="checkbox"/> CERTIFIED	REVOKED, SUSPENDED OR ON PROBATION
ELIGIBLE FOR:	<input type="checkbox"/> REGISTRATION	<input type="checkbox"/> LICENSURE	<input type="checkbox"/> CERTIFICATION	
IF LICENSED, REGISTERED OR CERTIFIED	TYPE	STATE ISSUED	DATE	NO
				YES <input type="checkbox"/> NO <input type="checkbox"/>
	TYPE	STATE ISSUE	DATE	NO
				YES <input type="checkbox"/> NO <input type="checkbox"/>
TYPE	STATE ISSUED	DATE	NO	YES <input type="checkbox"/> NO <input type="checkbox"/>

PLEASE INDICATE THE FOLLOWING CERTIFICATIONS YOU HOLD:

CPR ACLS BLS TNS IV
 CT Mamm ASCP ARRT

PREVIOUS EXPERIENCE

PLEASE LIST NAME, ADDRESS AND PHONE NUMBER OF PREVIOUS EMPLOYERS WITH MOST RECENT EMPLOYER FIRST.	FROM	TO	IMMEDIATE SUPERVISOR	LAST SALARY <small>Hourly, Monthly or Yearly</small>
JOB TITLE: _____				
EMPLOYER NAME ADDRESS & PHONE: _____ _____				
DUTIES _____ _____				
YOUR NAME WHILE EMPLOYED _____				
REASON FOR LEAVING _____				
JOB TITLE: _____				
EMPLOYER NAME ADDRESS & PHONE: _____ _____				
DUTIES: _____ _____				
YOUR NAME WHILE EMPLOYED: _____				
REASON FOR LEAVING: _____				
JOB TITLE: _____				
EMPLOYER NAME ADDRESS & PHONE: _____ _____				
DUTIES: _____ _____				
YOUR NAME WHILE EMPLOYED: _____				
REASON FOR LEAVING: _____				
JOB TITLE: _____				
EMPLOYER NAME ADDRESS & PHONE: _____ _____				
DUTIES: _____ _____				
YOUR NAME WHILE EMPLOYED: _____				
REASON FOR LEAVING: _____				
State if you do not want us to contact any of the above listed former employers and the reason you do not want each contacted. _____ _____ _____				
Can we run a detailed employment check, including but not limited to a check with your previous employers? Yes <input type="checkbox"/> No <input type="checkbox"/> _____ Please sign here to authorize reference check				

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

Please provide copies of discharge papers at time of interview.

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

REFERENCES

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

NAME AND RELATIONSHIP	TITLE	COMPANY NAME & ADDRESS	TELEPHONE

SIGNATURE

READ THIS SECTION PRIOR TO PROVIDING SIGNATURE BELOW

In consideration of my employment, I agree to conform to the rules and regulations of this facility. I understand that my employment can be terminated at any time and for any reason, at the option of either the facility or myself. I understand that no one has any authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing, except for a written employment agreement signed by an administrative representative of this facility. I understand any offer of employment is contingent upon successful completion of an employment physical.

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 may disqualify me from further consideration for employment and may result in discharge even if discovered at a later date.

I hereby authorize persons, schools, my current employer (if applicable) and previous employers and organizations named in this application (and accompanying resume, if any) to provide this facility and all affiliates with any relevant information regarding an employment decision, and I release all such persons from any liability regarding the provisions or use of such information.

Date _____ Signature _____

FOR OFFICE USE ONLY

Date received in Human Resources: _____

Thank you note sent: _____

Interview scheduled for _____

Meeting with: _____

Verification:

Degree _____

Licensure _____

Sanction Website _____

Business References:

NAME _____

BUSINESS _____

NAME _____

BUSINESS _____

NAME _____

BUSINESS _____

Personal References:

NAME _____

NAME _____

Made offer to candidate _____ Verification made by: _____