

Stephenson Nursing Center
Application for Employment
2946 S. Walnut Rd. Freeport, Il 61032
(815)-235-6173

INSTRUCTION TO APPLICANTS (PLEASE PRINT) THE INTERVIEW PROCESS HAS BEGUN!

DATE _____
POSITION APPLIED FOR _____ TITLE _____ DEPARTMENT _____

AVAILABLE FOR WORK FULLTIME PART TIME FIRST SHIFT SECOND SHIFT THIRD SHIFT

LAST NAME _____ FIRST NAME _____ MIDDLE _____ SSN _____

PRESENT ADDRESS _____ CITY & STATE _____ ZIP _____

DAYTIME PHONE _____ EVENING PHONE _____

ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THE UNITED STATES? YES NO U.S.CITIZEN VISA OTHER EXPLAIN

IF YOU WERE PREVIOUSLY EMPLOYED BY SNC, WHAT NAME DID YOU WORK HERE AS? (IF DIFFERENT THAN THE ONE YOU ARE APPLYING) _____

POSITION HELD _____ DEPARTMENT _____ DATES OF EMPLOYMENT _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES NO

DO YOU CURRENTLY HAVE A WAIVER FROM THE ILLINOIS DEPARTMENT OF PUBLIC HEALTH YES NO

IF YES, PLAESE ATTACH COPY OF WAIVER AND EXPLANATION ON SEPARATE SHEETS.

NOTE: CONVICTIONS ARE NOT AN AUTOMATIC BAR TO EMPLOYMENT BUT ARE REVIEWED IN RELATION TO THE JOB APPLIED FOR. CONVICTIONS NOT REPORTED MAY BE CAUSE FOR DISCHARGE.

EDUCATION: DID YOU GRADUATE FROM HIGH SCHOOL? YES NAME AND LOCATION _____ NO

EDUCATION BEYOND HIGH SCHOOL (COLLEGE OR UNIVERSITY, NURSING, BUSINESS COLLEGE, MILITARY SERVICE OR OTHER TRAINING YOU HAVE RECEIVED)

NAME AND LOCATION OF SCHOOL(S)	#OF YEARS COMPLETED	MAJOR/FIELD	TYPE OF DEGREE	DID YOU GRADUATE?
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PLEASE LIST ANY SPECIAL TRAINING OR EXPERIENCE YOU HAVE RELATED TO POSITION APPLIED FOR

DO YOU CURRENTLY HAVE ANY FAMILY MEMBERS OR FRIENDS EMPLOYEED BY STEPHENSON NURSING CENTER? NO
 YES. NAMES AND RELATIONSHIP TO YOU _____

HOW DID YOU HEAR ABOUT POSITION APPLIED FOR? _____

EMPLOYMENT HISTORY (PLEASE COMPLETE ALL INFORMATION EVEN IF YOU HAVE A RESUME)

BEGIN WITH THE MOST RECENT EMPLOYMENT AND WORK BACK (INCLUDING MILITARY SERVICE) ACCOUNT FOR ALL THE TIME DURING THE PAST TEN YEARS INCLUDING PERIODS OF UNEMPLOYMENT. ADDITIONALLY, LIST ANY OTHER PAID OR UNPAID WORK EXPERIENCE THAT MAY QUALIFY YOU FOR A POSITION, ATTACH ADDITIONAL PAGES IF NECESSARY.

EMPLOYER NAME _____ ADDRESS & PHONE # _____
TITLE _____ DATES OF EMPLOYMENT _____ FULL TIME/PART TIME _____
SALARY/WAGES _____ SUPERVISOR'S NAME AND TITLE _____
DUTIES _____
REASON FOR LEAVING _____

EMPLOYER NAME _____ ADDRESS & PHONE # _____
TITLE _____ DATES OF EMPLOYMENT _____ FULL TIME/PART TIME _____
SALARY/WAGES _____ SUPERVISOR'S NAME AND TITLE _____
DUTIES _____
REASON FOR LEAVING _____

EMPLOYER NAME _____ ADDRESS & PHONE # _____
TITLE _____ DATES OF EMPLOYMENT _____ FULL TIME/PART TIME _____
SALARY/WAGES _____ SUPERVISOR'S NAME AND TITLE _____
DUTIES _____
REASON FOR LEAVING _____

READ CAREFULLY BEFORE SIGNING:

I CERTIFY THAT ALL ANSWERS TO THE ABOVE QUESTIONS ARE TRUE AND COMPLETE. I UNDERSTAND THAT FALSIFICATION OF THIS APPLICATION MAY RESULT IN DISQUALIFICATION OR TERMINATION. I AUTHORIZE THE NURSING CENTER TO MAKE INQUIRIES ABOUT AND RECEIVE ANY INFORMATION ABOUT MY SUITABILITY FOR EMPLOYMENT. I GIVE PERMISSION TO PERSONS CONTACTED TO PROVIDE SUCH INFORMATION. I FOREVER WAIVE RELEASE AND COVENANT NOT TO SUE ANY PERSON OR ORGANIZATION FOR ANY RESULT OF PROVIDING, OBTAINING, OR ACTING UPON SUCH INFORMATION. I UNDERSTAND THAT ANY SUCH INFORMATION IS SOUGHT WITH CONFIDENTIALITY, AND I WILL NOT REQUEST COPIES OF SUCH INFORMATION. I ALSO UNDERSTAND THAT MY EMPLOYMENT WITH THE NURSING CENTER IS CONDITIONAL UPON THE RECEIPT OF SATISFACTORY RECOMMENDATIONS FROM FORMER EMPLOYERS AND REFERENCES (FOR ALL POSITIONS) **THE APPLICANT IS NOT OBLIGATED TO DISCLOSE SEALED OR EXPUNGED RECORDS OR CONVICTIONS OR ARRESTS. ALSO BE ADVISED THAT THE STEPHENSON NURSING CENTER MAY NOT ASK YOU (THE APPLICANT) IF YOU HAD RECORDS EXPUNGED OR SEALED.** IF OFFERED A POSITION, I AGREE TO TAKE A PHYSICAL EXAMINATION AS REQUIRED BY I.D.P.H. AND OTHER LAWS DIRECTED TOWARD HEALTH CARE WORKERS. UPON MY RESIGNATION/TERMINATION FROM STEPHENSON NURSING CENTER, I AUTHORIZE THE RELEASE OF REFERENCE INFORMATION ON MY WORK, CHARACTER, ATTENDANCE, PERFORMANCE, AND DISCIPLINARY ACTION. I FURTHER UNDERSTAND THAT IF HIRED I WILL BE SUBJECT TO DRUG AND ALCOHOL TESTING AS REQUIRED. A COPY OF THIS AUTHORIZATION SHALL BE AS EFFECTIVE AS THE ORIGINAL.

APPLICANT SIGNATURE _____ DATE _____

NOTE: INDIVIDUALS NEEDING DISABILITY RELATED ACCOMMODATIONS FOR INTERVIEWS SHOULD REQUEST THEM IN ADVANCE.

*****EQUAL OPPORTUNITY EMPLOYER-M/F/H/V*****

FOR OFFICIAL USE ONLY

START DATE _____ HOURLY WAGE _____ FULL/PART TIME _____

SHIFT _____ HOURS _____

LOCATION AND POSITION _____

Stephenson Nursing Center
Verification of Previous Employment

2946 S. Walnut Rd Freeport, Il 61032
(815)-235-6173 *PHONE* (815)-235-9633 *FAX*

APPLICANT NAME _____ DATE _____

LAST FIRST MI

POSITION APPLIED FOR _____ SSN _____ - _____ - _____

APPLICANT SIGNATURE _____

APPLICANTS PLEASE FILL OUT THE ABOVE PORTION OF THE APPLICATION ANYTHING BELOW THIS LINE IS FOR OFFICE USE ONLY

NAME OF CONTACT _____

TITLE _____ PHONE ____ (____) _____

COMPANY NAME _____

ADDRESS _____

WAS THE APPLICANT AN EMPLOYEE OF YOUR COMPANY? _____ YES _____ NO

WHAT WERE THE DATES OF EMPLOYMENT? START DATE _____ END DATE _____

WHAT WERE THE APPLICANTS JOB RESPONSIBILITIES?

WHAT WAS THE APPLICANTS REASON FOR LEAVING? _____

WOULD YOU REHIRE THIS APPLICANT? _____ YES _____ NO

SIGNATURE AND TITLE _____

PLEASE FAX BACK TO THE ABOVE NUMBER

THANK YOU