



FOR OFFICE USE ONLY

Department _____	Rate _____
Classification _____	Employee # _____
Status _____ Shift _____	Badge # _____
Starting Date _____	Locker # _____

**APPLICATION FOR EMPLOYMENT**

St. Joseph's Hospital is an Equal Opportunity Employer. All applicants will be treated in conformity with existing laws. A clear understanding of your background and work history will be a great help in considering you for a position suited to your qualifications. Please write or print specific and accurate answers to all questions, in detail. This information will be treated confidentially. If space is inadequate in area, please use a separate sheet of paper.

Date \_\_\_\_\_

Name \_\_\_\_\_

(Last)

(First)

(M.I.)

Address \_\_\_\_\_

(Street)

(City)

(State)

(Zip)

Other name(s) by which you have been known to schools, references and employers \_\_\_\_\_

Telephone \_\_\_\_\_

Email \_\_\_\_\_

Social Security Number \_\_\_\_\_

Position(s) Desired (1) \_\_\_\_\_ (2) \_\_\_\_\_

Status Desired     Full-time     Part-time     PRN     Temporary

Shift(s) Desired     Days     Evenings     Nights     12 hr.     10 hr.

## RECORD OF EDUCATION / SKILLS

EDUCATION	NAME & LOCATION OF SCHOOL	AREA OF STUDY	DEGREE
High School			
College			
Graduate School			
Trade/Professional/Other			

PROFESSIONAL LICENSE	REGISTRATION NUMBER	STATE	EXPIRATION DATE	WHEN/WHERE FIRST REG.

Office machines and computer programs you can operate or on which you have training \_\_\_\_\_

\_\_\_\_\_

Other skills, qualifications or experience applicable to the position(s) for which you are applying \_\_\_\_\_

\_\_\_\_\_

### MILITARY EXPERIENCE

Date entered \_\_\_\_\_ Date discharged \_\_\_\_\_ Rank at discharge \_\_\_\_\_

Military duties related to the position(s) for which you are applying \_\_\_\_\_

\_\_\_\_\_

Have you ever been convicted of, or pleaded guilty to, a crime?  Yes  No

If yes, please describe in detail. (A criminal conviction is not an automatic bar from employment) \_\_\_\_\_

\_\_\_\_\_



I understand and acknowledge that my employment is at-will, which means that either I or St. Joseph's Hospital may terminate employment at any time for any reason, with or without notice. I also understand that no one has any authority to enter into any agreement contrary to the preceding sentence, except for a written agreement signed by the Chief Executive Officer and notarized.

I hereby affirm that the information contained in this application (and resume, if provided) is accurate and complete and I understand that any false or misleading information or omissions will disqualify me from employment consideration or result in termination of employment, regardless of when discovered.

I hereby authorize St. Joseph's Hospital to (1) investigate all statements contained in this application; (2) contact my former employers and other listed references or any other persons who can provide information relative to my employment consideration; (3) contact any persons or entities regarding my employment application; (4) and make any other inquiries that St. Joseph's Hospital deems relevant in arriving at a decision regarding my application for employment. I consent to any contacted person, including former employers, to provide information about me and I covenant not to sue any such person for information provided about me.

It is understood that this application will remain active for six months.

Date \_\_\_\_\_

Signature of Applicant \_\_\_\_\_

Applicant Social Security Number \_\_\_\_\_



1515 Main Street  
Highland, Illinois 62249