



Application For Employment

1201 Pine Street
 Eldorado, Illinois 62930
 Phone (618) 273-3361
 Fax (618) 273-2571

Applicants must complete position title or form will not be processed.

Position Title

GENERAL INFORMATION	NAME (print) _____ <small>last first middle</small>			
	CURRENT ADDRESS _____ <small># street city state zip code</small>			
	PERMANENT ADDRESS _____ <small># street city state zip code</small>			
	TELEPHONE NUMBER _____		SOCIAL SECURITY NUMBER _____ - ____ - ____	
	Alternate telephone #: _____ (_____)	Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date you can begin work: _____	Salary Requirement: _____
	Employment status desired: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temp <input type="checkbox"/> Per-diem	Shift preference: <input type="checkbox"/> Day <input type="checkbox"/> Evening <input type="checkbox"/> Night <input type="checkbox"/> Rotation	Can you work weekends/holidays? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Indicate the days and times of your availability: _____			
Do you have any relatives currently employed at Ferrell Hospital? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Department _____				
Have you ever been employed at Ferrell Hospital? <input type="checkbox"/> Yes <input type="checkbox"/> No _____				
If yes, department _____		Date(s) _____ Position(s) _____		
Supervisor(s) _____		Under what name(s) _____		

EDUCATION	SCHOOL	NAME AND LOCATION	COURSE OF STUDY	DID YOU GRADUATE?	DIPLOMA/DEGREE RECEIVED	
	HIGH SCHOOL	_____			DID YOU GRADUATE OR RECEIVE A G.E.D.? <input type="checkbox"/> Yes <input type="checkbox"/> No	
		# street	city state zip			
	VOCATIONAL/ TECHNICAL	_____			<input type="checkbox"/> Yes <input type="checkbox"/> No Dates Attended: _____ to _____ month / yr. month / yr.	
		# street	city state zip			
COLLEGE/ UNIVERSITY	_____			<input type="checkbox"/> Yes <input type="checkbox"/> No Dates Attended: _____ to _____ month / yr. month / yr.		
	# street	city state zip				
GRADUATE/ OTHER	_____			<input type="checkbox"/> Yes <input type="checkbox"/> No Dates Attended: _____ to _____ month / yr. month / yr.		
	# street	city state zip				

LICENSES/CERTIFICATIONS	Are you currently:		Are you eligible for:			Have you ever had a disciplinary action against your license:	
	<input type="checkbox"/> Registered	<input type="checkbox"/> Licensed	<input type="checkbox"/> Certified	<input type="checkbox"/> Registration	<input type="checkbox"/> Licensure	<input type="checkbox"/> Certification	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Professional Licenses, Certifications, Registrations			State	ID Number	Expiration Date	

Starting with your most recent employer, list all positions for the past 10 years and account for periods of unemployment. Please list significant experience more than 10 years ago. **Resumes are welcome**; however, **completion of the application is required. Incomplete applications cannot be considered.**
List most recent employer first.

EMPLOYMENT HISTORY	1 Employer		Address				Telephone number	
			City		State	Zip	()	
	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	Your position title	Dates employed From: To:	Starting salary	Ending Salary	Shift diff.	Supervisor's name and title	
	Describe your responsibilities:						Reason for leaving	
	2 Employer		Address				Telephone number	
			City		State	Zip	()	
	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	Your position title	Dates employed From: To:	Starting salary	Ending Salary	Shift diff.	Supervisor's name and title	
	Describe your responsibilities:						Reason for leaving	
	3 Employer		Address				Telephone number	
			City		State	Zip	()	
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	Your position title	Dates employed From: To:	Starting salary	Ending Salary	Shift diff.	Supervisor's name and title		
Describe your responsibilities:						Reason for leaving		
4 Employer		Address				Telephone number		
		City		State	Zip	()		
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	Your position title	Dates employed From: To:	Starting salary	Ending Salary	Shift diff.	Supervisor's name and title		
Describe your responsibilities:						Reason for leaving		
Please explain any gaps in your employment history.				Have you ever been employed or attended school under another name? If yes, what name(s)?				
From:		To:		May we contact your previous employer(s)?				
Reason:				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No, please explain.				
From:		To:		May we contact your present employer(s)?				
Reason:				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No, please explain.				

SKILLS	Office Skills:	Knowledge of Software:	
	<input type="checkbox"/> Typing _____ wpm <input type="checkbox"/> Shorthand _____ wpm <input type="checkbox"/> Ten key by touch <input type="checkbox"/> Medical terminology	<input type="checkbox"/> Dictaphone <input type="checkbox"/> PBX <input type="checkbox"/> Word Processor <input type="checkbox"/> Personal Computer	I am proficient at:

MILITARY SERVICE	U.S. Military - Complete this section if you served in the U.S. Armed Forces.		
	Branch of Service _____	Dates of Service (Month/Yr.) _____	to _____
	Describe duties and any special training _____		
	Rank at Discharge _____		

OTHER	Have you ever been convicted of a misdemeanor or felony (other than a parking violation)? <input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, explain _____ Note: Ferrell Hospital requires a criminal background check prior to employment. A conviction will not automatically disqualify you from consideration for employment with Ferrell Hospital.

REFERENCES	Please give two references (not relatives or persons you previously listed) who are acquainted with your training or activities during the past five years. If recent college graduate, professors and faculty advisors in your field of concentration are particularly helpful				
	NAME	ADDRESS	TELEPHONE NUMBER	OCCUPATION	YEARS KNOWN

REMARKS	Make any comments that you feel are important to your application.

The responses provided in this application are true and correct. I have not withheld any information that might adversely affect my application for employment. I understand that any omissions, false or misleading statements will be considered just cause for immediate dismissal. I hereby authorize Ferrell Hospital, without liability, to contact prior employers and/or references provided in this application. I understand that satisfactory information must be received from these sources before an offer of employment can be made. In accordance with Ferrell Hospital policy, I authorize Ferrell Hospital to provide subsequent employers with my position title and dates of employment. If an offer of employment is extended, I agree to submit to a medical examination, drug test, criminal background check, and verification of eligibility to participate in federal healthcare programs. I understand that any offer of employment is contingent upon receipt of acceptable results from each of these. I acknowledge that this is not an expressed or implied contract for employment. In signing this application, I certify that I have read and understand the paragraph above.

 Applicant's Signature

 Date

 Print Name

Ferrell Hospital offers its employees a smoke-free environment and is an Equal Opportunity Employer
 The age Discrimination in Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 years of age. We are in compliance with Title VII of the Civil Rights Acts of 1964, Executive Order 11246, the Illinois Human Right Act, and the Americans with Disabilities Act.

Equal Employment Opportunity Affirmative Action Information

Ferrell Hospital requests your voluntary cooperation in the Completion of this form for Equal Employment Opportunity and Affirmative Action information. All information is confidential and will not be placed with your application for employment.

**This portion will be separated from this
application immediately upon receipt in the
Human Resources Department.**

PRINT NAME: _____

SOCIAL SECURITY NO: _____ - _____ - _____

SEX: Male (M) Female (F)

**HOW WERE YOU REFERRED TO FERRELL HOSPITAL?
(please check one):**

- | | | |
|------------------------------------|--------------------------------------|--|
| <input type="checkbox"/> NEWSPAPER | <input type="checkbox"/> JOB HOTLINE | <input type="checkbox"/> JOB OPENINGS LIST |
| <input type="checkbox"/> INTERNET | <input type="checkbox"/> JOB FAIR | <input type="checkbox"/> RECRUITMENT FIRM |
| <input type="checkbox"/> IETC | <input type="checkbox"/> DORS | <input type="checkbox"/> EMPLOYEE REFFERAL |
| <input type="checkbox"/> EDC | <input type="checkbox"/> TEMP AGENCY | <input type="checkbox"/> WALK-IN |
| <input type="checkbox"/> AGENCY | <input type="checkbox"/> REFERRAL | <input type="checkbox"/> Other: _____ |

ETHNIC ORIGIN (please check one):

- CAUCASIAN - All persons having origins in any of the original people of Europe, North Africa, or the Middle East.
- BLACK - All persons having origins in any of the Black racial groups of Africa.
- HISPANIC - All persons of Mexican, Puerto Rican, Cuban, Central American, or other Spanish culture or Origin regardless of race.
- ASIAN OR PACIFIC ISLANDS - All persons having origins in any of the original peoples of the Far East, Southeast Asia, Pacific Islands, China, Japan, Korea, Philippine Islands, Samoa, or the India subcontinent.
- AMERICAN INDIAN OR ALASKAN NATIVE

Dear Applicant:

We appreciate your interest in Ferrell Hospital. For your information, we have detailed below our application and employment processes. Applicants for employment are retained for 90 days. After submission of an application, should you find further open positions of interest, it will be necessary for you to complete / submit a new application.

NOTE: The submission of your application does not automatically result in an Interview.

Ferrell Hospital Application Process

1. Submission of *completed* application.
2. Application reviewed by hiring manager. (If your qualifications and experiences match our needs, a hiring manager may contact you to schedule an interview.)
3. Pre-employment testing.
4. Interview with hiring manager.
5. Reference verification. Please complete the shaded portion of the "**Applicant Authorization to Release Information**" form and submit it with your application. (Satisfactory information must be received from the employers and/or references listed in your application before an offer of employment can be made.) Your current employer will be contacted unless otherwise indicated on the application.
6. Educational Transcript verification upon request.

Ferrell Hospital Process

If an offer of employment is made, it is contingent upon the results of the following:

1. Criminal Background Check.
2. Medical evaluation, including drug screen.
3. Verification of eligibility to participate in federal healthcare programs.

Thank you for your interest in employment opportunities with Ferrell Hospital.

The applicant listed has signed the following statement:

I am presently seeking employment with Ferrell Hospital. I hereby request and authorize you and your company to provide the information requested and release you and your company or institution from any liability.

Applicant Name (please print):
Social Security Number:
Applicant Signature:

(Applicant to complete boxed area and submit with application)

TO BE COMPLETED BY EMPLOYER OR INSTITUTION

Company or Institution: _____

Contact Person/Title: _____

Please verify the following information and make any necessary changes.

Employment/Attendance Dates: From: _____ To: _____

Position/Clinical Area: _____

Please rate the applicant on the following: 5 = Excellent, 4 = Above Average, 3 = Average, 2 = Below Average, 1 = Unsatisfactory

Attendance/Punctuality	5	4	3	2	1
Quantity of Work	5	4	3	2	1
Quality of Work	5	4	3	2	1
Attitude	5	4	3	2	1
Cooperation	5	4	3	2	1
Maturity	5	4	3	2	1
Job Knowledge	5	4	3	2	1
Relationships w/ Others	5	4	3	2	1

(Actual Theory Grade _____ Actual Clinical Grade _____)

Strengths:

Weaknesses:

General Comments: _____

Reason for Leaving: _____

Eligible for Rehire: Yes _____ No _____ If no, why _____

Dear Applicant:

The mission of Ferrell Hospital defines the purpose of the organization as envisioned by its founders. The values reflect the philosophy of it founds and guide the work of all who serve within the organization.

Mission:

We are dedicated to improving the health and quality of life
for the people and communities we serve.

Respect:

The ability to accept the diversity of each person with kindness,
concern, and compassion.

Integrity:

Encourage appreciation and trust in all we do.

Stewardship:

Promote teamwork and communication to be the best.

Quality:

Striving for excellence in all we do.

The signature below certifies that I am aware and understand Ferrell Hospital's Mission and Values. I agree that if employed by Ferrell Hospital, I will adhere to the mission and values of the corporation.

Applicant's Signature

Date

Print Name