

NAME / Last, First, Middle _____

POSITION _____

DATE _____




Kewanee HOSPITAL

P.O. Box 747 Kewanee, Illinois 61443
 Toll Free 800.369.6771
www.kewaneehospital.com

Employment Application

An Equal Opportunity Employer. We comply with all applicable local, state and federal civil rights and equal employment laws and regulations.

Briefly describe duties and skills acquired through military or volunteer service: (include dates)

PROVIDE INFORMATION REGARDING PREVIOUS EMPLOYMENT BEGINNING WITH MOST RECENT EMPLOYER.

| | FROM: (MO/YR) | TO: (MO/YR) | SUPERVISOR'S NAME: | SALARY: (Hr/ Mo/Yr) |
|--|----------------------|----------------------|----------------------|----------------------|
| JOB TITLE: _____ | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| EMPLOYER NAME: _____ | PHONE: _____ | | | |
| ADDRESS: _____ | | | | |
| DUTIES: _____ | | | | |
| REASON FOR LEAVING: _____ | | | | |
| MAY WE CONTACT YOUR CURRENT EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/> | | | | |

| | FROM: (MO/YR) | TO: (MO/YR) | SUPERVISOR'S NAME: | SALARY: (Hr/ Mo/Yr) |
|---------------------------|----------------------|----------------------|----------------------|----------------------|
| JOB TITLE: _____ | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| EMPLOYER NAME: _____ | PHONE: _____ | | | |
| ADDRESS: _____ | | | | |
| DUTIES: _____ | | | | |
| REASON FOR LEAVING: _____ | | | | |

| | FROM: (MO/YR) | TO: (MO/YR) | SUPERVISOR'S NAME: | SALARY: (Hr/ Mo/Yr) |
|---------------------------|----------------------|----------------------|----------------------|----------------------|
| JOB TITLE: _____ | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| EMPLOYER NAME: _____ | PHONE: _____ | | | |
| ADDRESS: _____ | | | | |
| DUTIES: _____ | | | | |
| REASON FOR LEAVING: _____ | | | | |

| | FROM: (MO/YR) | TO: (MO/YR) | SUPERVISOR'S NAME: | SALARY: (Hr/ Mo/Yr) |
|---------------------------|----------------------|----------------------|----------------------|----------------------|
| JOB TITLE: _____ | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| EMPLOYER NAME: _____ | PHONE: _____ | | | |
| ADDRESS: _____ | | | | |
| DUTIES: _____ | | | | |
| REASON FOR LEAVING: _____ | | | | |

PLEASE IDENTIFY AND EXPLAIN ANY GAPS IN EMPLOYMENT LONGER THAN THREE (3) MONTHS:

PREVIOUS EXPERIENCE

LANGUAGE

REFERENCES

SIGNATURE

FOR OFFICE USE ONLY

LANGUAGE SKILLS - DO NOT COMPLETE UNLESS REQUESTED

| | | | | | | | |
|----------|---------|--------------------------------|---|-------------------------------|---|--------------------------------|---|
| LANGUAGE | DO YOU? | <input type="checkbox"/> SPEAK | <input type="checkbox"/> FAIR <input type="checkbox"/> GOOD <input type="checkbox"/> FLUENT | <input type="checkbox"/> READ | <input type="checkbox"/> FAIR <input type="checkbox"/> GOOD <input type="checkbox"/> FLUENT | <input type="checkbox"/> WRITE | <input type="checkbox"/> FAIR <input type="checkbox"/> GOOD <input type="checkbox"/> FLUENT |
| LANGUAGE | DO YOU? | <input type="checkbox"/> SPEAK | <input type="checkbox"/> FAIR <input type="checkbox"/> GOOD <input type="checkbox"/> FLUENT | <input type="checkbox"/> READ | <input type="checkbox"/> FAIR <input type="checkbox"/> GOOD <input type="checkbox"/> FLUENT | <input type="checkbox"/> WRITE | <input type="checkbox"/> FAIR <input type="checkbox"/> GOOD <input type="checkbox"/> FLUENT |

LIST AT LEAST THREE (3) REFERENCES WHO ARE NOT RELATIVES:

| NAME AND RELATIONSHIP | TITLE | COMPANY NAME AND ADDRESS | TELEPHONE |
|-----------------------|-------|--------------------------|-----------|
| | | | |
| | | | |
| | | | |

CAREFULLY READ THIS SECTION PRIOR TO PROVIDING SIGNATURE BELOW

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 made on the application or during the hiring process may disqualify me from further consideration for employment and may result in discharge even if discovered at a later date.

I understand that employment may be conditioned upon successfully passing a medical examination and that I may be required to satisfactorily complete a drug screening as a condition of employment.

I hereby authorize persons, schools, my current employer (if applicable) and previous employers and other organizations to provide this facility and its affiliates with any requested information regarding my application or suitability for employment, and I completely release all such persons or entities from any and all liability related to the providing or use of such information.

I understand that my employment is at-will which means that I may terminate the employment relationship at any time and for any reason with or without notice, and that the facility has the same right. I understand that no one has the authority to enter into any agreement contrary to the preceding sentence, except for a written agreement signed by an administrative representative of this facility and notarized.

I hereby authorize release of any information from the Office of Inspector General and General Services Administration for verification that I have not been suspended or excluded from participation in any State or Federal Health Care programs, including, but not limited to, Medicaid, Medicare, and Tricare.

Date _____ Signature _____

TO BE COMPLETED AFTER EMPLOYED HIRED? YES NO SEE COMMENTS BELOW

| REFERENCES CHECKED AND BY WHOM: | REFERENCE #1 | DATE | REFERENCE #2 | DATE | REFERENCE #3 | DATE |
|---|--------------|--------------|--|---------------------------------|--|-------------|
| PERSONNEL NOTES (these notes are open to inspection -- keep information factual) | | | | | | |
| | | | | | | |
| | | | | | | |
| IF APPLICANT IS 18 YRS. OLD OR LESS, IS PROOF OF AGE ON FILE? YES <input type="checkbox"/> NO <input type="checkbox"/> | | | | INTERVIEWER'S SIGNATURE | | |
| STARTING DATE | | | <input type="checkbox"/> EXEMPT <input type="checkbox"/> NON-EXEMPT | COMPLETION OF EVALUATION PERIOD | | APPROVED BY |
| DEPARTMENT | | | COST CENTER | DATE | | |
| POSITION/JOB SITE | | | <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME | | <input type="checkbox"/> ON CALL STATUS <input type="checkbox"/> ROTATION | |
| STARTING SALARY/GRADE | | DIFFERENTIAL | | SHIFT | EMPLOYEE NUMBER | |
| NOTIFY IN CASE OF EMERGENCY | NAME | RELATIONSHIP | ADDRESS | | TELEPHONE | |