JPH JACKSON PARK HOSPITAL AND MEDICAL CENTER

APPLICATION FOR EMPLOYMENT

STATEMENT OF HOSPITAL POLICY ON EQUAL OPPORTUNITY

It is the policy of Jackson Park Hospital to provide equal opportunity in employment without regard to race, color, religion, creed, sex, pregnancy, national origin, ancestry, physical or mental disability, citizenship, age, marital status, arrest record, sexual orientation, parental status, military status, unfavorable discharge from military service and/or other protected classification in accordance with the requirements of Federal, State and local law.

PLEASE PRINT AND COMPLETE FORM IN DETAIL. PLEASE BE SPECIFIC AND FILL IN ALL APPROPRIATE BLANKS. ALL INFORMATION GIVEN WILL BE HELD IN STRICT CONFIDENCE.

GENERAL INFORMATION

NAME (LAST, FIRST, MIDDLE) | DATE APPLICATION COMPLETED | LAST FOUR DIGITS SOCIAL SECURITY NO.

ADDRESS | CITY

STATE | ZIP | HOME PHONE | CELL PHONE

BUSINESS/DAY PHONE NUMBER | IN CASE OF EMERGENCY, CONTACT | RELATIONSHIP

ADDRESS | CITY | STATE | ZIP | TELEPHONE

POSITION APPLIED FOR | DATE AVAILABLE | APPLYING FOR: ☐FULL TIME ☐PART TIME ☐PERMANENT ☐TEMPORARY

SHIFT DESIRED: ☐DAYS (7-3:30) ☐EVENINGS (3-11:30) ☐NIGHTS (11-7:30) ☐ANY | HAVE YOU BEEN EMPLOYED PREVIOUSLY BY THIS HOSPITAL? ☐YES ☐NO | IF YES, WHEN?

DEPARTMENT | JOB TITLE

REFERRED BY: ☐AD ☐AGENCY ☐EMPLOYEE REFERRAL _____ (NAME) ☐OWN ACCORD ☐OTHER

FOR PURPOSE OF VERIFYING PAST EMPLOYMENT PLEASE LIST ANY OTHER NAMES UNDER WHICH YOU HAVE BEEN EMPLOYED

ARE YOU A U.S. CITIZEN OR DO YOU HAVE THE RIGHT TO WORK IN THE U.S.? ☐YES ☐NO | IF NO EXPLAIN:

IF HIRED, APPLICANT MAY BE REQUIRED TO SUBMIT PROOF OF U.S. CITIZENSHIP OR VISA PERMITTING APPLICANT TO WORK IN THE UNITED STATES.

HAVE YOU EVER BEEN CONVICTED OF A CRIME? ☐YES ☐NO | IF YES EXPLAIN:

THE APPLICANT IS NOT OBLIGATED TO DISCLOSE SEALED OR EXPUNGED RECORDS OF CONVICTION OR ARREST.

ARE YOU EIGHTEEN YEARS OR OLDER? ☐YES ☐NO (HIRE SUBJECT TO VERIFICATION THAT APPLICANT'S AGE MEETS LEGAL REQUIREMENTS) | IF UNDER EIGHTEEN, CAN YOU, AFTER EMPLOYMENT, SUBMIT A WORK PERMIT? ☐YES ☐NO

DO YOU HAVE ANY RELATIVES WHO CURRENTLY WORK AT JACKSON PARK HOSPITAL? ☐YES ☐NO IF SO, STATE THE RELATIVE'S NAME, POSITION AND RELATION TO YOU. ANSWERING "YES" WILL NOT DISQUALIFY YOU FROM EMPLOYMENT. _____

EDUCATION

Type of School	Name and Location of School	Major Subjects Studied	Circle Last Year Completed	Graduate (Yes/No)	List Diploma or Degree
HIGH SCHOOL			1 2 3 4		
COLLEGE OR SCHOOL OF NURSING			1 2 3 4		
COLLEGE OR SCHOOL OF NURSING			1 2 3 4		
OTHER			1 2 3 4		

SPECIAL SKILLS AND TRAINING

PLEASE DESCRIBE ANY SKILLS OR TRAINING YOU POSSESS THAT YOU FEEL HELP QUALIFY YOU FOR THE POSITION FOR WHICH YOU HAVE APPLIED

DO YOU HAVE KNOWLEDGE OF MEDICAL TERMINOLOGY?

REGISTRY, LICENSE, OR CERTIFICATION HELD ☐CURRENT ☐PERMANENT YEAR STATE NUMBER

LIST ANY OFFICE EQUIPMENT YOU HAVE EXPERIENCE OPERATING:

WORK EXPERIENCE (START WITH PRESENT POSITION AND WORK BACK)

NAME OF EMPLOYER CITY STATE

Dates Employed	Position Title		Department	Supervisor
FROM: TO:				
FROM: TO:				

DUTIES:

REASONS FOR LEAVING:

NAME OF EMPLOYER CITY STATE

Dates Employed	Position Title		Department	Supervisor
FROM: TO:				
FROM: TO:				

DUTIES:

REASONS FOR LEAVING:

NAME OF EMPLOYER CITY STATE

Dates Employed	Position Title		Department	Supervisor
FROM: TO:				
FROM: TO:				

DUTIES:

REASONS FOR LEAVING:

By signing this application, I certify:

That this application is complete and accurate to the best of my knowledge and that I have not made any attempt to conceal information and that falsification could be cause for dismissal. Further, Jacksn Park Hospital or its agents may request employment information from my previous employers and that persons or corporations who provide information related to my previous employment will be released from any liability or damage. Also, I understand that an offer of employment may be made contingent upon passing a medical examination conducted by a Hospital designated physician.

DATE ____________________ APPLICANT'S SIGNATURE ____