

**HOSPITAL SISTERS
OF ST. FRANCIS**

P.O. Box 19431, Springfield, IL 62794-9431
(217) 522-3386 Phone (217) 522-7909 Fax
hr@hsosf-usa.org (email)

APPLICATION FOR EMPLOYMENT
(Please Print)

We are an Equal Opportunity Employer in compliance with the laws prohibiting discrimination on the basis of race, color, sex (including pregnancy, sexual orientation, or gender identity), genetic information, religion, national origin, age, disability, marital status, citizenship, military or veteran status, or any protected category prohibited by local, state or federal law.

PERSONAL RECORD

Date: _____

Name: _____ Social Security No: _____
(Last) (First) (Middle Initial)

Present Address: _____
(Street) (City) (State) (Zip)

E-mail: _____ Telephone No.: _____

Please notify in case of emergency: _____
(Name) (Address) (Phone) (Relationship)

Do you have any relatives who are employed by this organization? _____
If yes, please specify. _____

Position Desired: _____ Full Time _____ Part Time _____ Temporary _____
Shift Desired: Day _____ Evening _____ Night _____ Date available for work: _____

Are you employed now? _____ If yes, may we inquire of your present employer? _____

Were you previously employed by us? _____
If yes, please specify date and position. _____

Are you willing to rotate shifts if necessary? _____
Are you willing to rotate weekends? _____

Approximate number of days missed the last year you worked? _____

EDUCATIONAL RECORD

Name of School	Location		Dates		Type of Course	Year Graduated
	City	State	From	To		
Grammar School						
High School						
College or University						
Other (Specify)						

List any degrees: _____

Professional Registration in: _____ Registration Number: _____ State: _____ Expiration Date: _____

List any Previous License or Registration Numbers: _____ State: _____ Expiration Date: _____

List any special skills or qualifications: _____

Typing (WPM) _____ Shorthand: Dictation (WPM) _____ Transcription (WPM) _____

List any special office machines you can operate: _____

Is there any information we would need about your name or use of another name for us to be able to check your work record? _____

EMPLOYMENT HISTORY

(Please list name, address and phone number of previous employers with most recent first.)

Date: From: _____ To: _____

Job Title: _____ Immediate Supervisor: _____

Employer Name: _____ Telephone: _____

Address: _____
(Number) (Street) (City) (State) (Zip)

Duties: _____

Reason for Leaving: _____

Date: From: _____ To: _____

Job Title: _____ Immediate Supervisor: _____

Employer Name: _____ Telephone: _____

Address: _____
(Number) (Street) (City) (State) (Zip)

Duties: _____

Reason for Leaving: _____

REFERENCES

List the names of three PERSONS NOT RELATED to you whom you have known at least one year.

	<i>Name</i>	<i>Phone and Address</i>	<i>Business</i>	<i>Years Acquainted</i>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

AUTHORIZATION

PLEASE READ CAREFULLY AND SIGN

I consent to any medical examination required by the facility at any time to determine my ability to perform the duties of my job or other jobs with the facility and I understand that my employment may be conditioned upon satisfactorily passing a physical examination. I understand that I will be required to satisfactorily complete a drug screening and a criminal background check as a condition of employment. I also understand that the facility may have a no-smoking policy and I agree to comply with its requirements.

I understand and acknowledge that my employment is at-will, which means that either I or the employer may terminate employment at any time and 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 president of the Corporation and notarized.

I hereby affirm that the information contained in this application (and resume, if any) 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 the employer 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 the employer 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.

Signature: _____ Date: _____

For Human Resource Use Only

Starting Date: _____ Department: _____ Position: _____ Payroll No: _____ Badge No: _____
Grade: _____ Step: _____ Salary: _____ Bi-weekly Hours: _____ Full Time ___ Temporary ___ Part Time ___ Date of Birth: _____