

# Christian Buehler Memorial

3415 N. SHERIDAN RD., PEORIA, IL 61604

## APPLICATION FOR EMPLOYMENT

We are an equal opportunity employer dedicated to a policy of nondiscrimination in employment on any basis including race, creed, color, age, sex, religion, national origin, marital status, sexual orientation, or disability.

<b>DATE OF APPLICATION</b>	_____	<b>DATE AVAILABLE TO BEGIN WORK</b>	_____
	MONTH DAY YEAR		MONTH DAY YEAR

### PERSONAL INFORMATION (PLEASE PRINT)

LAST NAME	FIRST NAME	MIDDLE INITIAL	SOCIAL SECURITY NUMBER	HOME PHONE NUMBER ( )		
STREET ADDRESS			CITY	STATE	ZIP CODE	ALTERNATE PHONE NUMBER ( )
HAVE YOU EVER APPLIED HERE BEFORE?	WHEN?	FOR WHAT POSITION?	ARE YOU EMPLOYED NOW?			
<input type="checkbox"/> YES <input type="checkbox"/> NO			<input type="checkbox"/> YES <input type="checkbox"/> NO			
WERE YOU EVER EMPLOYED HERE BEFORE?	WHEN?	WHAT POSITION?	PRESENT EMPLOYER			
<input type="checkbox"/> YES <input type="checkbox"/> NO						
DO YOU HAVE ANY FRIENDS OR RELATIVES EMPLOYED BY CHRISTIAN BUEHLER MEMORIAL?		IF YES, PLEASE LIST NAMES, DEPARTMENT, AND RELATION				
<input type="checkbox"/> YES <input type="checkbox"/> NO						
HOW WERE YOU REFERRED? (PLEASE BE SPECIFIC)						
<input type="checkbox"/> NEWSPAPER <input type="checkbox"/> FRIEND/RELATIVE <input type="checkbox"/> EMPLOYEE _____ <input type="checkbox"/> OTHER _____						

### EMPLOYMENT DESIRED

POSITION(S) APPLIED FOR:	CHECK EMPLOYMENT DESIRED: <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME
CHECK SHIFTS YOU ARE WILLING TO WORK: <input type="checkbox"/> 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/> WEEKENDS <input type="checkbox"/> HOLIDAYS	IF PART TIME, HOW MANY HOURS _____ OR DAYS _____ ARE YOU ABLE TO WORK PER WEEK?

### EMPLOYMENT HISTORY

LIST THE LAST FOUR EMPLOYERS, STARTING WITH YOUR PRESENT OR MOST RECENT EMPLOYER.  
IF YOU WERE EMPLOYED UNDER ANOTHER NAME, PLEASE NOTE THAT ALSO.

PRESENT / MOST RECENT EMPLOYER	STREET ADDRESS, CITY, STATE, ZIP	PHONE NUMBER ( )
JOB TITLE	DATES OF EMPLOYMENT FROM: TO:	REASON FOR LEAVING
SUPERVISOR'S NAME	MAY WE CONTACT YOUR SUPERVISOR FOR A REFERENCE? IF NOT, WHY? <input type="checkbox"/> YES <input type="checkbox"/> NO	
NAME OF EMPLOYER	STREET ADDRESS, CITY, STATE, ZIP	PHONE NUMBER ( )
JOB TITLE	DATES OF EMPLOYMENT FROM: TO:	REASON FOR LEAVING
SUPERVISOR'S NAME	MAY WE CONTACT YOUR SUPERVISOR FOR A REFERENCE? IF NOT, WHY? <input type="checkbox"/> YES <input type="checkbox"/> NO	
NAME OF EMPLOYER	STREET ADDRESS, CITY, STATE, ZIP	PHONE NUMBER ( )
JOB TITLE	DATES OF EMPLOYMENT FROM: TO:	REASON FOR LEAVING
SUPERVISOR'S NAME	MAY WE CONTACT YOUR SUPERVISOR FOR A REFERENCE? IF NOT, WHY? <input type="checkbox"/> YES <input type="checkbox"/> NO	
NAME OF EMPLOYER	STREET ADDRESS, CITY, STATE, ZIP	PHONE NUMBER ( )
JOB TITLE	DATES OF EMPLOYMENT FROM: TO:	REASON FOR LEAVING
SUPERVISOR'S NAME	MAY WE CONTACT YOUR SUPERVISOR FOR A REFERENCE? IF NOT, WHY? <input type="checkbox"/> YES <input type="checkbox"/> NO	

**WORK RELATED REFERENCES**

NAME	STREET ADDRESS, CITY, STATE, ZIP	PHONE NUMBER (    )	YEARS KNOWN
NAME	STREET ADDRESS, CITY, STATE, ZIP	PHONE NUMBER (    )	YEARS KNOWN
NAME	STREET ADDRESS, CITY, STATE, ZIP	PHONE NUMBER (    )	YEARS KNOWN

**EDUCATION**

	NAME & LOCATION OF SCHOOL	CIRCLE LAST YEAR COMPLETED	DID YOU GRADUATE?	LIST DEGREE, DIPLOMA OR CERTIFICATION
HIGH SCHOOL		1 2 3 4		
COLLEGE		1 2 3 4		
NURSING/OTHER		1 2 3 4		

IN CASE OF EMERGENCY NOTIFY: (NAME AND ADDRESS)	PHONE NUMBER (    )
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DO YOU HAVE THE LEGAL RIGHT TO WORK IN THE U.S.? YOU MUST FURNISH PROOF <input type="checkbox"/> YES <input type="checkbox"/> NO	HAVE YOU SERVED IN THE U.S. MILITARY? <input type="checkbox"/> YES <input type="checkbox"/> NO
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**PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY BEFORE SIGNING THIS APPLICATION FORM.**

I hereby affirm that the information 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 consent to take the physical examination, and such future physical examinations as Buehler Memorial shall designate. I understand that if the results of the physical indicate that I cannot perform the job, the contingent job offer will be rescinded.

I understand that a drug screening will be conducted by an independent laboratory, and a positive test result will result in the contingent job offer being rescinded.

I understand that a background investigation may be conducted under the Healthcare Worker Background Check Act, and a disqualifying conviction will result in the contingent job offer being rescinded.

I hereby authorize persons, schools, my current employer (if applicable) and previous employers and other organizations to provide this facility 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 of or use of such information.

I understand that any subsequent 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 the Administrator of this facility.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**OFFICE USE ONLY (DO NOT WRITE BELOW THIS AREA)**

INTERVIEW DATE \_\_\_\_\_ OFFER DATE \_\_\_\_\_ REPORT DATE \_\_\_\_\_

DEPARTMENT \_\_\_\_\_ JOB TITLE \_\_\_\_\_ SHIFT/HOURS \_\_\_\_\_

REGULAR FULL-TIME / REGULAR PART-TIME / PART-TIME

PAY RATE \_\_\_\_\_ FIRST REVIEW \_\_\_\_\_ BENEFITS \_\_\_\_\_

APPROVED \_\_\_\_\_ CHIEF OPERATING OFFICER