



APPLICATION FOR EMPLOYMENT

Please Print Clearly

Date

201 Bailey Lane, Benton, IL 62812 618/439-3161 franklinhospital.net

MISSION STATEMENT

To serve all of the residents of Franklin County by providing care that is professional, compassionate and of high quality, delivered by competent, dedicated employees in collaboration with others, who share our values, in order to achieve positive outcomes for our patients.

Franklin Hospital District is an Equal Opportunity Employer. It is the policy of this facility to provide equal opportunity to persons regardless of race, religion, age, gender, disability, national origin, color or any other classification in accordance with federal, state and local statutes, regulations and ordinances. Franklin Hospital District offers its employees a smoke-free working environment.

| | | | |
|---|--|--|--|
| APPLICANT NAME Please give complete name | | Social Security No. | |
| Present Address (Include city state & zip) | | Telephone | |
| Previous address (if at present address less than 12 months) | | E-mail | |
| if you cannot be reached at the above phone number, where may we contact you? | | Are you at least 18 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | | | |
|--|--|---|---|
| CURRENT OPEN POSITIONS(S) FOR WHICH YOU ARE APPLYING | Type of Position <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Per Diem <input type="checkbox"/> Temporary | Shift Preference <input type="checkbox"/> Day <input type="checkbox"/> N/A <input type="checkbox"/> Evening <input type="checkbox"/> Night <input type="checkbox"/> Weekend | Can you work weekends & holidays ? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 1. | | | |
| 2. | | | |
| If overtime is required does this pose a problem for you? <input type="checkbox"/> Yes <input type="checkbox"/> No | Do you have adequate means of transportation to get to work on time each day and when called in on short notice during work hours? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Have you ever worked at Franklin Hospital? <input type="checkbox"/> Yes <input type="checkbox"/> No When? | Date available to begin work: | Are you legally authorized to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Are you related to another hospital employee? <input type="checkbox"/> Yes Name & Relationship <input type="checkbox"/> No | How did you learn about this position? <input type="checkbox"/> Newspaper Ad <input type="checkbox"/> Friend <input type="checkbox"/> Lobby Bulletin Board <input type="checkbox"/> Hospital Website <input type="checkbox"/> Other | | |
| Have you ever been convicted of a crime and/or released from confinement following a conviction for any criminal offense? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give date, place and nature of each such conviction | | | |
| Are you presently charged with any violation of the law? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give date, place and nature of each such charge | | | |

| EDUCATIONAL HISTORY | | | |
|---------------------|--------------------------------|---|-----------------------|
| Type of School | Name of School, City and State | Check Last Year Attended | Degree or Certificate |
| High School | | <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 Graduated/GED? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Jr. College | | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| College/University | | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Graduate School | | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Other | | From (Year) To (Year) | |

| MILITARY SERVICE <small>Complete this section if you served in the U.S. Armed Forces</small> | | |
|--|------------------|-------------------|
| Branch of Service | Dates of Service | Rank at discharge |
| Describe duties, special training and honors | | |

My resume with employment history is is not attached.

If your resume is not attached, you must provide your education and employment history, beginning with your present or last employer in the space below. The name address and phone number of three references must be provided.

EMPLOYMENT HISTORY

Please provide a minimum of the most recent 10 years employment history, including any periods of unemployment. Attach additional pages if necessary

| Current/Most Recent | From (Mo/Yr) to (Mo/Yr) | Company | Phone | Name while Employed |
|---------------------|-------------------------|------------------|---------------------|----------------------|
| | Salary | Address | May we contact them | Immediate Supervisor |
| | Job Title | City, State, Zip | Reason for Leaving | |
| | Nature of Duties | | | |
| 1st Previous | From (Mo/Yr) to (Mo/Yr) | Company | | |
| | Salary | Address | May we contact them | Immediate Supervisor |
| | Job Title | City, State, Zip | Reason for Leaving | |
| | Nature of Duties | | | |
| 2nd Previous | From (Mo/Yr) to (Mo/Yr) | | | |
| | Salary | Address | May we contact them | Immediate Supervisor |
| | Job Title | City, State, Zip | Reason for Leaving | |
| | Nature of Duties | | | |

PROFESSIONAL REFERENCES (Other than Relatives)

| Name | Position | Address, City, State, Zip | Phone | No. Of Yrs Known |
|------|----------|---------------------------|-------|------------------|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |

The responses given above are true and correct. I have not withheld any fact which might adversely affect my application, and I understand that any omission of fact or any false or misleading statements will be considered just cause for immediate dismissal, no matter when discovered. I also understand that my employment is based on receipt of satisfactory information from former employers, educational institutions and/or references given by me and authorize said employers, institutions and references to make full response to any inquiries by Franklin Hospital District (FHD) in connection with my application. I also authorize FHD to give any information concerning me or my employment in response to inquiries from subsequent potential employers or other inquiries concerning me without liability. In as much as said information concerning my performance as an employee and my personal habits, conduct and deportment is furnished at my specific request and for my benefit, I hereby agree to hold harmless FHD and all former employers, educational institutions and references listed on this application from any liability for claims of whatsoever nature. I further understand that any offer of employment is contingent upon satisfactory results of a medical examination, criminal background check and drug test, and if offer of employment is extended, I agree to submit to a medical examination, criminal background check and a drug test. I understand that this is not an expressed or implied contract of employment. I further certify that I have read the foregoing paragraph and knowingly make this authorization by setting forth my signature below:

Applicant's Signature _____ Print Name _____ Date _____