

HENDERSON COUNTY RETIREMENT CENTER, INC.



Oak Wood Estates
200 South Logan Street
Stronghurst, Illinois 61480
(309) 924-1910
(309) 924-1277 fax

Oak Lane Nursing & Rehab
604 Oakwood Drive
Stronghurst, Illinois 61480
(309) 924-1123
(309) 924-1926 fax



Employment Application

Date: _____

First Name: _____	M.I.: _____	Last Name: _____
Mailing Address: _____		Apt./Unit #: _____
City: _____	State: _____	Zip Code: _____
Telephone #: _____	E-mail Address: _____	
How did you hear about this job: _____	Were you referred by an employee? _____	
Date available for work: _____	Salary required: _____ per _____	
Are you available to work: <input type="checkbox"/> Full-Time	(please indicate 1 2 3 shift)	
<input type="checkbox"/> Part-Time	(please indicate Mornings Afternoon Evenings)	
<input type="checkbox"/> Temporary	(please indicate dates available __/__/__ - __/__/__)	
Are you currently on "lay-off" status and subject to recall?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Can you travel if a job requires it?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been employed with us before?	<input type="checkbox"/> Yes	<input type="checkbox"/> No If yes, give date: _____

Education

High School

Name of School: _____ Address: _____

Did you graduate? _____ Degree Type: _____

College

Name of School: _____ Address: _____

Phone: _____ Did you graduate: _____

Degree Type: _____ Major: _____

Any family, friends etc. who work here? Yes No

List their names: _____

Other

Name of School: _____ Address: _____

Phone: _____ Did you graduate: _____

Degree Type: _____ Major: _____

Special Courses (Please list any additional training you may have received, including military training, apprenticeship programs, vocational training, course or seminars): _____

Employment History

Present or most recent employer

Company Name: _____ Employer's Phone #: _____

Address: _____ City/State: _____ Zip: _____

Job title: _____ Employed from: _____ to _____

Starting Salary: _____ Ending Salary: _____ Supervisor's Name: _____

Job Duties: _____

Reason for leaving: _____ May we contact this employer? _____

Additional Employment History

Company Name: _____ Employer's Phone #: _____

Address: _____ City/State: _____ Zip: _____

Job title: _____ Employed from: _____ to _____

Starting Salary: _____ Ending Salary: _____ Supervisor's Name: _____

Job Duties: _____

Reason for leaving: _____ May we contact this employer? _____

Company Name: _____ Employer's Phone #: _____

Address: _____ City/State: _____ Zip: _____

Job title: _____ Employed from: _____ to _____

Starting Salary: _____ Ending Salary: _____ Supervisor's Name: _____

Job Duties: _____

Reason for leaving: _____ May we contact this employer? _____

Have you ever been convicted of a felony or misdemeanor offense? If yes (Please explain): _____

Professional Licenses/Certifications

<u>License/Certification</u>	<u>State</u>	<u>License Number</u>	<u>Date Expires</u>

References

(Please do not include family members or relatives)

<u>Name</u>	<u>Years Known</u>	<u>Current Position and Company</u>	<u>Phone Number</u>

Employer notes from reference check: _____

Have you ever been convicted of a felony or misdemeanor offense? If yes (Please explain): _____

A yes response may not bar you from employment. This facility complies with Title 77 Chap 1 Sub chap C, Long Term Care Facilities Part 300 Code Section 300.661 Health Care Workers Background check. A facility shall comply with the Health Care Worker Background Check Act [225 ILCS 46] and the Health Care Worker Check Code (77 Ill. Adm. Code 955). (Source: Amended at 29 Ill. Reg. 12852, effective August 2, 2005)

Application Statement: "I understand that according to federal law all individuals who are hired must, as a condition of employment, produce certain documentation to verify their identity and U.S. citizen status or, if aliens, their legal authorization to work in the U.S. As a consequence, I understand that any offer of employment would be contingent on my ability to produce the required documentation within the time period required by law."

Affirmation of honesty: "I hereby affirm that the information provided on this application (and accompanying resume, if any) is true and complete. I also agree that any falsified information or omissions may disqualify me from further consideration for employment and may be considered justification for dismissal if discovered at a later date."

Authorizations: "I authorize a thorough investigation of my past employment and activities, including reference checks and criminal record check; agree to cooperate in such investigations; and release from all liability or responsibility all persons and corporations requesting or supplying such information."

Signature: _____ Date: _____



This institution is an equal opportunity provider and employer.

