

Employment Application



Stephenson Nursing Center

2946 S. Walnut Rd
Freeport, Illinois 61032
815-235-6173

Please complete and return via email to r.miller@co.stephenson.il.us

The Interview has begun!!

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Present: _____
Address *Street Address Apartment/Unit #*

City State ZIP Code

Phone: _____ Email _____

Date Available: _____ Social Security No.: _____

Position Applied for: _____

Available for Full Time Part Time First Shift Second Shift Third Shift

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for this company? YES NO If yes, when? _____

Have you ever been convicted of a felony? YES NO
Do you currently have a waiver from the Illinois Department of Public Health YES NO If Yes, Please attach copy of waiver and explanation on a separate document.

NOTE: CONVICTIONS ARE NOT AN AUTOMATIC BAR TO EMPLOYMENT BUT ARE REVIEWED IN RELATION TO THE JOB APPLIED FOR. CONVICTIONS NOT REPORTED MAY BE CAUSE FOR DISCHARGE

If yes, explain: _____

Education

Did you graduate from high school YES NO

High School: _____ Address: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

List any special training: _____

Do you currently have any family member or friends employed at Stephenson Nursing Center No
 Yes Name and relationship to you: _____

References

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Previous Employment

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____
Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Disclaimer and Signature-Read Carefully Before Signing

I CERTIFY THAT ALL ANSWERS TO THE ABOVE QUESTIONS ARE TRUE AND COMPLETE. I UNDERSTAND THAT FALSIFICATION OF THIS APPLICATION MAY RESULT IN DISQUALIFICATION OR TERMINATION. I AUTHORIZE THE NURSING CENTER TO MAKE INQUIRIES ABOUT AND RECEIVE ANY INFORMATION ABOUT MY SUITABILITY FOR EMPLOYMENT. I GIVE PERMISSION TO PERSONS CONTACTED TO PROVIDE SUCH INFORMATION. I FOREVER WAIVE RELEASE AND COVENANT NOT TO SUE ANY PERSON OR ORGANIZATION FOR ANY RESULT OF PROVIDING, OBTAINING, OR ACTING UPON SUCH INFORMATION. I UNDERSTAND THAT ANY SUCH INFORMATION IS SOUGHT WITH CONFIDENTIALITY, AND I WILL NOT REQUEST COPIES OF SUCH INFORMATION. I ALSO UNDERSTAND THAT MY EMPLOYMENT WITH THE NURSING CENTER IS CONDITIONAL UPON THE RECEIPT OF SATISFACTORY RECOMMENDATIONS FROM FORMER EMPLOYERS AND REFERENCES (FOR ALL POSITIONS) **THE APPLICANT IS NOT OBLIGATED TO DISCLOSE SEALED OR EXPUNGED RECORDS OR CONVICTIONS OR ARRESTS. ALSO BE ADVISED THAT THE STEPHENSON NURSING CENTER MAY NOT ASK YOU (THE APPLICANT) IF YOU HAD RECORDS EXPUNGED OR SEALED.** IF OFFERED A POSITION, I AGREE TO TAKE A PHYSICAL EXAMINATION AS REQUIRED BY I.D.P.H. AND OTHER LAWS DIRECTED TOWARD HEALTH CARE WORKERS. UPON MY RESIGNATION/TERMINATION FROM STEPHENSON NURSING CENTER, I AUTHORIZE THE RELEASE OF REFERENCE INFORMATION ON MY WORK, CHARACTER, ATTENDANCE, PERFORMANCE, AND DISCIPLINARY ACTION. I FURTHER UNDERSTAND THAT IF HIRED I WILL BE SUBJECT TO DRUG AND ALCOHOL TESTING AS REQUIRED. A COPY OF THIS AUTHORIZATION SHALL BE AS EFFECTIVE AS THE ORIGINAL.

Signature: _____ Date: _____

Note: Individuals needing Disability related accommodations for interviews should request them in advance.

*****EQUAL OPPORTUNITY EMPLOYER-M/F/H/V*****

FOR OFFICE USE ONLY

START DATE _____ HOURLY RATE: _____ FULL TIME PART TIME:

SHIFT _____ HOURS: _____

LOCATION _____ POSITION: _____

VERIFICATION OF PREVIOUS EMPLOYMENT



Stephenson Nursing Center

2946 S. Walnut Rd
Freeport, Illinois 61032
Phone: 815-235-6173
Fax: 815-235-9633

Full Name: _____ Date: _____
Last First M.I.

Position Applied for: _____

Applicant Signature _____

APPLICANTS PLEASE FILL OUT THE ABOVE PORTION OF THE APPLICATION. ANYTHING BELOW THIS LINE IS FOR OFFICE USE ONLY

Name of Contact: _____

Title _____ Phone: _____

Address: _____

Was the applicant an employee of your company? YES NO

What were the dates of employment Start Date _____ End Date _____

What were the applicants job responsibilities?

What was the applicant's reason for leaving?

Would you rehire this applicant? YES NO

Signature: _____ Title: _____

Please fax to 815-235-9633 or send to r.miller@co.stephenson.il.us

Thank You,
Walnut Acres