

# Employment Application



## Stephenson Nursing Center

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

Please complete and return via email to

[dbritnell@stephensoncountyil.gov](mailto:dbritnell@stephensoncountyil.gov) 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

[dbritnell@stephensoncountyil.gov](mailto:dbritnell@stephensoncountyil.gov)

Thank You,  
Walnut Acres