

Mount Saint Joseph  
24955 North Highway 12  
Lake Zurich, IL 60047  
(847) 438-5050

## APPLICATION FOR EMPLOYMENT

Mount Saint Joseph is an equal opportunity employer. We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital status or sexual orientation, veteran status, the presence of a medical condition or disability unrelated to the ability to perform with or without a reasonable accommodation, or any other legally protected status under applicable law

### PERSONAL INFORMATION

Name \_\_\_\_\_  
Last First Middle  
Address \_\_\_\_\_  
Number Street  
City State Zip Code  
Phone Number ( ) \_\_\_\_\_ Email \_\_\_\_\_

### EMPLOYMENT DESIRED

Position Applying For \_\_\_\_\_ Full - Time  Part-Time   
Hours Available \_\_\_\_\_ Days of Week Available: Weekdays  Weekends   
Date Available \_\_\_\_\_ Salary Requirement \_\_\_\_\_

### EMPLOYMENT ELIGIBILITY

If you are offered employment, will you be able to submit proof of your eligibility to work in the U.S? Yes  No   
Have you ever been convicted of or had prior employment history of child abuse, neglect, or mistreatment? Yes  No   
Have you been convicted of a felony in the last 7 years? Yes  No   
If yes, to above 2 questions, please give details: \_\_\_\_\_

(Such conviction may be relevant if job related, but does not automatically disqualify you for employment. All circumstances such as age at the time of the offense and the seriousness of the crime will be considered.)

Are you fully able, with or without reasonable accommodation, to perform the functions for the job or which you have applied? Yes  No

If you would require reasonable accommodation to perform the functions of the job for which you have applied, how would you perform the job functions, and with what accommodation(s)? \_\_\_\_\_

### REFERRAL INFORMATION

Have you ever been employed or volunteered at Mount Saint Joseph? Yes  No   
If yes, when? \_\_\_\_\_ In which position? \_\_\_\_\_  
How were you referred to us?  
Facility Sign \_\_\_\_\_ Walk-In \_\_\_\_\_  
Employee \_\_\_\_\_ Name of Employee \_\_\_\_\_  
Other \_\_\_\_\_

## EDUCATION

SCHOOL LEVEL	NAME AND LOCATION OF SCHOOL	DID YOU GRADUATE?	COURSE OF STUDY	DEGREE/ CERT.
GRAMMAR SCHOOL				
HIGH SCHOOL/GED				
COLLEGE				
GRADUATE SCHOOL				

Other Education or Special Training \_\_\_\_\_

## PRIOR EXPERIENCE

EMPLOYER NAME	ADDRESS	EMPLOYMENT DATES	SUPERVISOR'S NAME	REASON FOR LEAVING

### TERMS OF EMPLOYMENT – PLEASE READ THE FOLLOWING CAREFULLY

I, the undersigned, state that all information given by me in this application is true to the best of my knowledge. I authorize Mount St. Joseph. (herein called the Facility) to verify such information and to contact any reference given by me and release the Facility from any and all claims arising from such verification and reference efforts. Should I be employed by the Facility:

1. I agree that my employment may be contingent upon my meeting all placement considerations, including medical requirements.
2. I grant Mount St. Joseph permission to use my likeness, voice and/or words in television, radio, and video or in any form to promote activities at the facility.
3. I agree in the course of my affiliation with Mount St. Joseph, I may be dealing with confidential information and I agree to keep said information in the strictest confidence.
4. I understand and agree that an offer of employment, and my continued employment with the Facility, is contingent upon satisfactory proof of my authorization to work in the United States.
5. My employment may be terminated by the Facility at any time without advance notice, its only obligation being to pay wages or salary due to me. Without limitation, failure to abide by Facility rules and regulations, failure to pass any Facility physical examination and the falsification of any information given by me in this application will entitle the Facility to terminate my employment as permitted by law. I understand my employment is at-will, and I may be terminated at any time, with or without cause.
6. I also understand that falsification of any information in connection with employment will be grounds for immediate termination regardless of when such falsification is discovered.

These conditions apply to the application for employment at this time and apply also to any future positions I may hold at Mount Saint Joseph.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

**FOR OFFICE USE ONLY**

Date of Interview \_\_\_\_\_

Date of Observation \_\_\_\_\_

Location of Observation \_\_\_\_\_