

# RESTHAVE NURSING and RETIREMENT HOME

## Application for Employment

(Please Print Clearly)

Confidential

### Personal Information

Application Date \_\_\_\_\_ Date Available \_\_\_\_\_

Name \_\_\_\_\_ Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Last First Middle

Present Address \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_  
Street City State Zip

Permanent Address \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_  
(if Different than Present Address) Street City State Zip

Alternate contact to reach you: Name of Person \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_

### Employment Desired

Type of Work Desired	Shift	Salary
First choice		
Second choice		
Third choice		

Will you accept employment of  Full Time?  Part Time?  
 Are you 18 yrs. of age or older?  Yes  No  
 Are you employed now?  Yes  No  
 May we contact your present employer?  Yes  No  
 How did you learn of this opening? \_\_\_\_\_

### Education

Circle Highest Grade completed    8   9   10   11   12  
     13   14   15   16

Scholastic Honors Received \_\_\_\_\_  
 \_\_\_\_\_

	Name of School	Location (City, State)	Courses Taken	Completed	Type of degree or certificate
Grade School				<input type="checkbox"/> Yes <input type="checkbox"/> No	
High School				<input type="checkbox"/> Yes <input type="checkbox"/> No	
College				<input type="checkbox"/> Yes <input type="checkbox"/> No	

Member of Professional Organizations: \_\_\_\_\_

Honors received, volunteer or community service or other qualifications you have which you feel are related to the position for which you are applying: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### Professional Licenses and/or Certifications

Type	Organization or State Issued	Date Issued	Number	Verif.

## Employment Record (list last or present position first)

Present and Former Employers	Dates Employed	Salary Range	Position and Duties
Name	From	Start	
Address			
City/State/Zip	To	End	
Supervisor <span style="float: right;">Phone</span>			
Name	From	Start	
Address			
City/State/Zip	To	End	
Supervisor <span style="float: right;">Phone</span>			
Name	From	Start	
Address			
City/State/Zip	To	End	
Supervisor <span style="float: right;">Phone</span>			

If your former employment references, education or military service are under a name other than indicated on front of application, please indicate here. \_\_\_\_\_

Last
First
Middle Initial

Have you ever been convicted of a crime?  Yes  No If Yes, for what, when and where? \_\_\_\_\_

Conviction of a criminal offense will not necessarily preclude your employment.

Use this space to give us further information which will assist us in placing you, including at least two personal references not related to you, whom you have known at least one year.

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## Employment Understanding (please read and sign)

This institution does not discriminate in hiring or any other decision on the basis of race, color, sex, citizenship, national origin, ancestry, Vietnam era veteran status, or on the basis of age or physical or mental disability unrelated to ability to perform the work required. No question on this application is intended to secure information to be used for such discrimination.

I voluntarily give this institution the right to make a thorough investigation of my past employment and activities, agree to cooperate in such investigation and release from all liability or responsibility all persons, companies or corporations supplying such information. I consent to the physical examination, and such future physical examinations as may be required by this institution at such times and places as the institution shall designate. I understand that an offer of employment may be contingent on passing the physical examination which relates to the essential duties I would be required to perform.

I understand that my employment is at will, and that either party is free to terminate the employment relationship at any time without cause. I also understand that my employment may be terminated for any misstatement or omission of fact appearing on this application form.

If employed, I will be required to complete an Employment Verification Form (I-9), and within three days show satisfactory evidence of identity and eligibility for employment.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Availability Record

Primary position desired \_\_\_\_\_

Will you accept another position?  Yes  No

If so, what position? \_\_\_\_\_

Are you available to work:      Weekends?                       Yes  No  
    Holidays?                       Yes  No  
    Rotating shifts?               Yes  No

Please indicate hours you are available for work (Be Specific)		
Day	From	To
Sunday		
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		

I understand that emergency conditions may require me to temporarily work shifts other than the one for which I am applying and agree to such scheduling change as directed by my department head or administrator of this institution.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## For Office Use Only

### Documentation of Personal References

Reference Name	Date Contacted	Notes



# Illinois Department of Public Health

Health Care Worker Registry, 525 W. Jefferson St., Springfield, IL 62761 phone 217.785.5133

## Health Care Worker Background Check

### Disclosure and Authorization for Criminal History Records Check

I hereby authorize the Illinois Department of Public Health (IDPH), IDPH's designee that train or test health care workers, staffing agency, or the health care employer to request a criminal history records check and I further authorize the Illinois State Police (ISP) to release information relative to the existence or non existence of any criminal record which it might have concerning me to the requestor solely to determine my suitability for employment or continued employment. I further authorize any agency which maintains records relating to me to provide same on request to the ISP or IDPH. I certify that the ISP and any agency, including IDPH, their employees or officers who furnish this information shall be held harmless from any and all liability which may be incurred as a result of releasing such information. I further acknowledge that a health care employer shall not be liable for the failure to hire or to retain an applicant or employee who has been convicted of committing or attempting to commit one or more of the offenses and stated in the Health Care Worker Background Check Act (225 ILCS 46/25)

I understand that any false statements or deliberate omissions on this document may be grounds for disqualification from employment or, if discovered after employment or, if discovered after employment begins, could result in discipline up to and including my termination of employment.

I understand that the information requested below regarding sex, race, height, eye color, and date of birth is for the sole purpose of identification and the gathering of the above-mentioned information about me accurately, and that it will not be used to discriminate against me in violation of the law. I understand that the provision of my social security number is required by law. A facsimile or photographic copy of this authorization will be as valid as the original.

First Name \_\_\_\_\_ Full Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Physical Address if different \_\_\_\_\_

Other Names Used \_\_\_\_\_ Telephone \_\_\_\_\_

States Where You Have Lived? \_\_\_\_\_

Male  Female Date of birth \_\_\_\_\_ Height \_\_\_\_\_ Eye Color \_\_\_\_\_ Social Security Number \_\_\_\_\_

- Race **A** Chinese, Japanese, Filipino, Korean, Polynesian, Indian, Indonesian, Asian Indian, Samoan, or any other Pacific Islander
- B** Black or African American (Not Hispanic or Latino)
- H** Hispanic or Latino (Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin)
- I** American Indian, Eskimo, or Alaskan Native, or a person having origins in any of the 48 contiguous states of the United States or Alaska who maintains cultural identification through tribal affiliation or community recognition.
- U** Of undeterminable race. Of Untold mixture
- W** Caucasian (not Hispanic or Latino)

Have you ever had an administrative finding of Abuse, Neglect, or Theft?  Yes  No If "Yes", give full details and state. Continue on back if more space is needed.

Have you ever been convicted of a criminal offense other than a minor traffic violation (do not include convictions that have been expunged, sealed or adjudicated delinquent)?  Yes  No If "Yes", give full details of each offense and the state in which convicted. Continue on back if more space is needed.

I certify that the above is true and correct and give my consent for my name to appear on IDPH's Health Care Worker Registry as a result of this criminal history records check

\_\_\_\_\_  
(Signature) (Date)

As the parent or guardian of the above named individual, who is under the age of seventeen, I give my consent for this named individual to have a criminal history records check.

\_\_\_\_\_  
(Signature) (Date)

“The following information is requested by the Federal Government in order to monitor compliance with Federal Laws prohibiting discrimination against applicants seeking to participate in this program. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in anyway. However, if you choose not to furnish it, we are required to note the race/national origin of individual applicants on the basis of visual observation or surname.”

I do not wish to furnish this information

**Ethnicity:**

Hispanic or Latino  
 Not Hispanic or Latino

**Gender:**

Male  
 Female

**Race:** (Mark one or more)

White  
 Black African American  
 American Indian / Alaskan Native  
 Asian  
 Native Hawaiian or Other Pacific Islander

Resthave Home is an equal opportunity provider and employer.

