



LA RABIDA CHILDREN'S HOSPITAL

6501 South Promontory Drive
 (East 65th Street at Lake Michigan)
 Chicago, IL 60649

AN EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER

APPLICATION FOR EMPLOYMENT

LAST NAME	FIRST NAME	MIDDLE INITIAL	DATE
Please List All Last Names Ever Used, Including Maiden Name			
PRESENT ADDRESS	CITY	STATE	ZIP CODE TELEPHONE #
ALTERNATE PHONE #	E-MAIL ADDRESS	ARE YOU AT LEAST 18 YEARS OF AGE?	Yes ___ No ___
ARE YOU LEGALLY AUTHORIZED TO WORK IN THE UNITED STATES ON A PERMANENT BASIS?			Yes ___ No ___
IF NO, HOW LONG ARE YOU AUTHORIZED TO WORK IN THE U.S.? _____			

POSITION(S) APPLIED FOR	SHIFT PREFERRED	RATE OF PAY EXPECTED
1. _____		1. _____
2. _____		2. _____
TYPE OF POSITION	Full-time _____ Part-time _____	Temporary _____
DATE AVAILABLE	ARE YOU AVAILABLE FOR	Days <input type="checkbox"/> Afternoons <input type="checkbox"/> Nights <input type="checkbox"/> Weekends <input type="checkbox"/>
HOW DID YOU LEARN OF THIS POSITION? Advertisement: Which Publication? _____ Employee Referral: Who? _____ Other: _____		

HAVE YOU EVER BEEN EMPLOYED BY LA RABIDA CHILDREN'S HOSPITAL:	Yes ___ No ___
Dates: _____	
HAVE YOU EVER APPLIED FOR WORK AT LA RABIDA CHILDREN'S HOSPITAL:	Yes ___ No ___
When: _____	
HAVE YOU EVER BEEN CONVICTED OF A CRIME, (EXCLUDING SEALED OR EXPUNGED RECORDS OR ARRESTS)? <small>If yes, explain (a conviction itself does not constitute an automatic bar to employment; it will be considered insofar as it relates to fitness to perform the job itself)</small>	Yes ___ No ___

HAVE YOU EVER BEEN INDICATED FOR CHILD ABUSE/NEGLECT?	Yes ___ No ___
HAVE YOU EVER RECEIVED SANCTIONS FOR COMMITTING MEDICARE/MEDICAID FRAUD OR ABUSE?	Yes ___ No ___
DO YOU HAVE A PROVIDER NUMBER THAT ALLOWS YOU TO BILL FOR CLINICAL SERVICES TO THE STATE OF ILLINOIS OR FEDERAL GOVERNMENT? IF YES, PLEASE LIST PROVIDER # _____	Yes ___ No ___

SCHOOL	NAME AND ADDRESS	NUMBER OF YEARS ATTENDED	COURSES OF STUDY/MAJOR	DIPLOMA/DEGREE RECEIVED
HIGH SCHOOL				
TECHNICAL/TRADE OR CORRESPONDENCE SCHOOL				
COLLEGE				
GRADUATE/ADVANCED DEGREE PROGRAM				
ARE YOU LICENSED/CERTIFIED? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, type and number: _____				
AREAS OF SPECIALIZATION/MAJOR INTEREST? List Special Skills/Equipment Operated/Computer Skills/Software/Certifications				TYPING – WPM
ARE YOU A VETERAN OF THE ARMED FORCES: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what type of training or education did you receive while in the military? _____				

WORK HISTORY (List last employer first):

MAY WE CONTACT YOUR CURRENT EMPLOYER FOR A REFERENCE? Yes _____ No _____

FROM (M/D/Y) TO (M/D/Y) IMMEDIATE SUPERVISOR LAST SALARY

Job Title _____

Employer Name _____ Telephone # _____

Address _____

Duties _____

Reason For Leaving _____

FROM (M/D/Y) TO (M/D/Y) IMMEDIATE SUPERVISOR LAST SALARY

Job Title _____

Employer Name _____ Telephone # _____

Address _____

Duties _____

Reason For Leaving _____

FROM (M/D/Y) TO (M/D/Y) IMMEDIATE SUPERVISOR LAST SALARY

Job Title _____

Employer Name _____ Telephone # _____

Address _____

Duties _____

Reason For Leaving _____

NOTICE TO ALL APPLICANTS: Proof of authorization for employment in the United States is required in accordance with the Immigration Reform and Control Act of 1986.

I certify that the information provided on this Application for Employment (and/or any accompanying resume/materials which may disqualify me from further consideration for employment and I have supplied) is true and correct to the best of my knowledge. I understand that any misrepresentations, omissions, or falsification of information may disqualify me from future consideration for employment and constitutes grounds for immediate dismissal from any subsequent employment at La Rabida Children's Hospital.

In consideration of my employment, I agree to conform to the rules and regulations of La Rabida Children's Hospital and behave in accordance with La Rabida Children's Hospital's policies and procedures. I understand that if hired, my employment is at will and can be terminated at any time, with or without reason and with or without notice, at the option of La Rabida Children's Hospital or myself. In further consideration of my employment at La Rabida Children's Hospital, I understand and agree to submit to a pre-employment health screen (including a drug screen) and such further health screen(s) as may be required by La Rabida Children's Hospital if I receive an offer of employment. I also understand that my future employment is contingent upon passing this health screen, as well as a background check (which may include criminal background check, reference check, licensure verification, academic verifications, social security trace/credit check and a driver's license check). This is not considered an implied or express contract of employment.

I hereby authorize persons, schools, my current employer (if applicable) and/or previous employers named in this application (and accompanying resume, if any) to provide La Rabida Children's Hospital and MCHC, the organization that provides a part of this service, with any relevant reference information used in making an employment decision, and I release all individuals, partnerships, associations or corporations from any liability regarding the use of such information.

Signature _____

Date _____

FOR OFFICE USE ONLY

JOB TITLE		DEPARTMENT NAME	EMPLOYEE #	START DATE
SALARY ___ HR ___ BI-WEEKLY	SHIFT/HOURS	STATUS <input type="checkbox"/> Full-time (100% benefits) <input type="checkbox"/> Part-time (50% benefits)		<input type="checkbox"/> Casual Part-Time (No benefits) <input type="checkbox"/> Temporary <input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time (No Benefits)
PRE-EMPLOYMENT PHYSICAL Date _____ Initials _____		BACKGROUND CLEARANCE Date _____ Initials _____		
Hiring Manager _____ Date _____		Recruiter _____ Date _____		Director of Human Resources _____ Date _____