

REFERENCES

Did you serve in the U.S. Armed Services? YES NO What Branch?

Briefly describe duties and skills acquired through military service: (Please include Dates). It is not the intent of Memorial Hospital to discover the type of discharge an applicant received from Military Service. If the type of discharge is discovered, a dishonorable discharge or general discharge will not be an absolute bar to employment. Other factors will affect the decision to hire or not to hire.

Have you volunteered your time or services? YES NO
 Briefly describe duties and skills

LIST 3 REFERENCES WHO ARE NOT RELATIVES OR EMPLOYERS:

| NAME AND RELATIONSHIP | TITLE | COMPANY NAME & ADDRESS | TELEPHONE |
|-----------------------|-------|------------------------|-----------|
| | | | |
| | | | |
| | | | |

SIGNATURE

READ THIS SECTION PRIOR TO PROVIDING SIGNATURE BELOW
 I understand that nothing contained in this application or in the granting of an interview creates a contract between Memorial Hospital and myself for either employment or for the providing of any benefit. No promises regarding employment have been made to me and I understand that no such promise is binding upon Memorial Hospital unless made in writing by the President, or Vice President. I acknowledge that no consideration has been furnished to Memorial Hospital for my employment other than my services, and I understand I have the right to terminate my employment at any time and for any reason, and I understand that Memorial Hospital has the same right.

I agree to abide by Memorial Hospital's rules and policies if hired. The information provided on this application (and accompanying resume, if any) is true and complete. I understand that any false or misleading representations or omissions may disqualify me for further considerations for employment and may result in discharge, if discovered at a later date.

I, furthermore, understand that any offer of employment is contingent upon the satisfactory completion of Memorial Hospital's pre-employment physical. Failure to satisfactorily complete the physical will result in the offer of employment being withdrawn.

Date _____ Signature _____

FOR OFFICE USE ONLY

TO BE COMPLETED AFTER EMPLOYED HIRED: YES NO SEE COMMENTS BELOW

REFERENCES CHECKED AND BY WHOM: REFERENCE #1 DATE REFERENCE #2 DATE REFERENCE #3
 DATE

PERSONNEL NOTES (These Notes Are Open To Inspection- Keep Information Factual) _____

Physical Exam 1. Date _____
 Physical Exam 2. Date _____
 Personnel Orientation Date. . . Date _____

| | |
|--|---|
| IF APPLICANT IS 18 YRS. OLD OR LESS IS PROOF OF AGE ON FILE? <input type="checkbox"/> YES <input type="checkbox"/> NO | INTERVIEWER'S SIGNATURE |
| STARTING DATE <input type="checkbox"/> SALARIED <input type="checkbox"/> HOURLY | LICENSURE / REGISTRATION NUMBER |
| DEPARTMENT COST CENTER | EMPLOYEE SIGNATURE |
| JOB TITLE POSITION CONTROL # POSITION ID # | <input type="checkbox"/> FULL TIME <input type="checkbox"/> ON CALL STATUS <input type="checkbox"/> NO BENEFITS <input type="checkbox"/> PART TIME <input type="checkbox"/> PERDIEM <input type="checkbox"/> IRREGULAR/TEMPORARY |
| STARTING SALARY / GRADE DIFFERENTIAL | SHIFT EMPLOYEE NUMBER |
| NOTIFY IN CASE OF EMERGENCY NAME RELATIONSHIP ADDRESS TELEPHONE | |
| NOTIFY IN CASE OF EMERGENCY NAME RELATIONSHIP ADDRESS TELEPHONE | |

EMPLOYMENT APPLICATION



MEMORIAL HOSPITAL

HUMAN RESOURCES
 4500 MEMORIAL DRIVE
 BELLEVILLE, ILLINOIS 62226-5399
 (618) 257-5230

Memorial is an Equal Opportunity Employer and complies with all applicable state and federal equal employment and civil rights laws and regulations. For the protection of its patients and employees, and consistent with Illinois law, Memorial reserves the right to conduct criminal history and background checks.

Name (Last, First, Middle)

Position

Date

PLEASE PRINT

| | | | | | |
|--|--|----------|--------|---|----------------------------|
| LAST NAME | | FIRST | MIDDLE | SOCIAL SECURITY NO. | |
| MAIDEN NAME / OTHER NAMES EMPLOYED UNDER: | | NICKNAME | | HOME E-MAIL ADDRESS | |
| PRESENT ADDRESS | | CITY | STATE | ZIP CODE | TELEPHONE NO. |
| PERMANENT ADDRESS | | CITY | STATE | ZIP CODE | CELLULAR PHONE NO. / OTHER |
| POSITION APPLIED FOR | | | | SALARY DESIRED | |
| HOW WERE YOU REFERRED TO THIS FACILITY? | | | | ARE YOU APPLYING FOR: <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> PERDIEM <input type="checkbox"/> TEMPORARY | |
| RELATIVES OR FRIENDS EMPLOYED IN THIS FACILITY? | | | | DATE AVAILABLE FOR WORK: | |
| ARE YOU 18 YEARS OLD OR YOUNGER <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | WOULD YOU CONSIDER WORKING ANY SHIFT? <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| HAVE YOU EVER BEEN EMPLOYED BY THIS FACILITY? WHEN? | | | | WEEKENDS & HOLIDAYS: <input type="checkbox"/> YES <input type="checkbox"/> NO ROTATING SHIFTS: <input type="checkbox"/> YES <input type="checkbox"/> NO ON CALL: <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| ARE YOU A U.S. CITIZEN OR ARE YOU AN ALIEN LEGALLY AUTHORIZED TO WORK IN THE UNITED STATES? | | | | SHIFT PREFERENCE: 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/> | |
| WERE YOU EVER CONVICTED OF A FELONY? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, EXPLAIN: | | | | | |
| <p>PLEASE NOTE: You are not obligated to disclose sealed or expunged records of conviction or arrest. A conviction record will not necessarily be a bar to employment. Factors such as age and time of offense, seriousness and nature of the violation, and rehabilitation will be taken into account.</p> | | | | | |

PERSONAL

| SCHOOL | NAME AND ADDRESS OF SCHOOL | COURSE OF STUDY | CHECK LAST YEAR COMPLETED | | | | DID YOU GRADUATE? | LIST DIPLOMA OR DEGREE |
|---|----------------------------|-----------------|---------------------------|---|---|------------------|---|------------------------|
| | | | 1 | 2 | 3 | 4 | | |
| HIGH | | | | | | | <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| TRADE | | | | | | | <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| COLLEGE | | | | | | | <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| COLLEGE | | | | | | | <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| SPECIALIZED COURSES/TRAINING | | | | | | | | |
| AREA OF SPECIALIZATION OR MAJOR INTEREST | | | | | | FLUENT LANGUAGES | | |
| LIST HEALTH CARE, INDUSTRIAL EQUIPMENT OPERATED, OR COMPUTERIZED INFORMATION SYSTEMS: | | | | | | | | |

EDUCATION / SKILLS

PROFESSIONAL LICENSES AND/OR CERTIFICATIONS

ARE YOU CURRENTLY: REGISTERED LICENSED CERTIFIED

ELIGIBLE FOR: REGISTRATION LICENSURE CERTIFICATION

IF LICENSED, REGISTERED OR CERTIFIED

| | | | |
|------|--------------|-----------------|-----|
| TYPE | STATE ISSUED | EXPIRATION DATE | NO. |
| TYPE | STATE ISSUED | EXPIRATION DATE | NO. |
| TYPE | STATE ISSUED | EXPIRATION DATE | NO. |
| TYPE | STATE ISSUED | EXPIRATION DATE | NO. |

| LIST NAME, ADDRESS AND PHONE NUMBER OF PREVIOUS EMPLOYERS WITH MOST RECENT EMPLOYER FIRST. | FROM Month/Year | TO Month/Year | IMMEDIATE SUPERVISOR | LAST SALARY Hourly, Monthly or Yearly |
|---|-----------------|---------------|----------------------|---------------------------------------|
| JOB TITLE: _____ | | | | |
| EMPLOYER NAME: _____ | PHONE: _____ | | | |
| ADDRESS: _____ | | | | |
| DUTIES: _____ | | | | |
| REASON FOR LEAVING: _____ | | | | |
| JOB TITLE: _____ | | | | |
| EMPLOYER NAME: _____ | PHONE: _____ | | | |
| ADDRESS: _____ | | | | |
| DUTIES: _____ | | | | |
| REASON FOR LEAVING: _____ | | | | |
| JOB TITLE: _____ | | | | |
| EMPLOYER NAME: _____ | PHONE: _____ | | | |
| ADDRESS: _____ | | | | |
| DUTIES: _____ | | | | |
| REASON FOR LEAVING: _____ | | | | |
| <p>State if you do not want us to contact any of the above listed former employers and the reason you do not want each contacted.</p> <p>_____</p> <p>_____</p> <p>_____</p> | | | | |
| <p>Can we run a detailed employment check with your previous employers? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p style="text-align: right;">_____ Please sign here to authorize reference check</p> | | | | |

PREVIOUS EXPERIENCE