

Heartland Health System, Inc

Location: Fayette County Hospital and Long Term Care

Application For Employment

Note: This application is valid for 60 days. If you wish to be considered for employment after this 60-day period, a new application must be completed.

Heartland Health System, Inc.

An Equal Opportunity Employer*

DATE: _____

NAME _____
last first middle

CURRENT ADDRESS _____
#street city state zip code

PERMANENT ADDRESS _____
street city state zip code

() _____ () _____
telephone number alternate telephone number

Are you **younger** than 18 years of age? If yes, birth date
 Yes No _____

Date you can begin work: _____

Salary Requirement: _____

Are you legally eligible for employment in the United States? Yes No

Employment status desired: Full-time Part-time Temp Per-diem

Shift Preference: Day Evening Night Rotation

Can you work weekends/holidays? Yes No

POSITION DESIRED: 1) _____ 2) _____

Indicate the days and times of your availability:

*Heartland Health System, Inc. is an equal opportunity employer and does not discriminate against applicants or employees in any phase of employment on the basis of age, race, color, gender, religion, national origin, ancestry, physical or mental disability, or any other classification protected by local, state, or federal law. Equal access to employment, services, and programs is available to all qualified persons. Applicants requiring reasonable accommodation for the application and/or interview process should notify a Company representative.

How did you learn of this position?

Have you ever been employed by Fayette County Hospital and Long Term Care or Heartland Health System?

Yes No

If yes, facility _____ Date(s) _____ Position? _____

Supervisor(s) _____ Under what name(s) _____

Are you related to anyone employed at Fayette County Hospital and Long Term Care or Heartland Health System?

Yes No

If Yes: Name: _____ Department _____ Facility _____

SCHOOL	NAME AND LOCATION	COURSE OF STUDY	DID YOU GRADUATE?	DIPLOMA/DEGREE RECEIVED
High School	# street city state zip code		DID YOU GRADUATE OR RECEIVE A G.E.D.? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Vocational/Technical	# street city state zip code		<input type="checkbox"/> Yes <input type="checkbox"/> No Dates Attended: ____ to ____ mo. /yr. mo/yr	
College/University	# street city state zip code		<input type="checkbox"/> Yes <input type="checkbox"/> No Dates Attended: ____ to ____ mo. /yr. mo/yr	
Graduate/Other	# street city state zip code		<input type="checkbox"/> Yes <input type="checkbox"/> No Dates Attended: ____ to ____ mo. /yr. mo/yr	

Special courses, training, or experience acquired (to include special training in the military).

Office Skills	Knowledge of Software	
<input type="checkbox"/> typing wpm____ <input type="checkbox"/> Dictaphone <input type="checkbox"/> shorthand wpm____ <input type="checkbox"/> PBX <input type="checkbox"/> Ten key by touch <input type="checkbox"/> WordProcessor <input type="checkbox"/> Medical Terminology <input type="checkbox"/> Personal Computer	I am proficient at:	I have working knowledge of:

Are you currently: <input type="checkbox"/> Registered <input type="checkbox"/> Licensed <input type="checkbox"/> Certified		Are you eligible for: <input type="checkbox"/> Registration <input type="checkbox"/> Licensure <input type="checkbox"/> Certification	
Professional Licenses, Certifications, Registrations	State	ID Number	Expiration Date

Please give an accurate, complete full-time and part-time employment record. Starting with your most recent employer, list all positions and account for periods of unemployment. **Resumes are welcome: however, completion of the application is required. Incomplete applications cannot be considered.** Additional sheets are available if needed. List most recent employer first.

1. Employer		Address:			Telephone Number
		City:	State:	Zip:	()
<input type="checkbox"/> Full-time	Your position title	Dates employed From:	Starting Salary	Ending Salary	Shift Diff
<input type="checkbox"/> Part-time		To:			
Supervisors name and title:			Reason for leaving:		
Describe your responsibilities:					

2. Employer		Address:			Telephone Number
		City:	State:	Zip:	()
<input type="checkbox"/> Full-time	Your position title	Dates employed From:	Starting Salary	Ending Salary	Shift Diff
<input type="checkbox"/> Part-time		To:			
Supervisors name and title:			Reason for leaving:		
Describe your responsibilities:					

3. Employer		Address:			Telephone Number
		City:	State:	Zip:	()

<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	Your position title	Dates employed From: To:	Starting Salary	Ending Salary	Shift Diff
Supervisors name and title:			Reason for leaving:		
Describe your responsibilities:					

4. Employer		Address:			Telephone Number
		City:	State:	Zip:	()
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	Your position title	Dates employed From: To:	Starting Salary	Ending Salary	Shift Diff
Supervisors name and title:			Reason for leaving:		
Describe your responsibilities:					

5. Employer		Address:			Telephone Number
		City:	State:	Zip:	()
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	Your position title	Dates employed From: To:	Starting Salary	Ending Salary	Shift Diff
Supervisors name and title:			Reason for leaving:		
Describe your responsibilities:					

PLEASE COMPLETE

<p>Please explain any gaps in your employment history</p> <p>-----</p> <p>From: To:</p> <p>Reason:</p>	<p>Have you ever been employed or attended school under another name? If yes, what name (s)?</p>	<p>May we contact your present employer? <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>If no, explain:</p> <p>May we contact your previous employers? <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>If no, explain:</p>
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Military Service		
U.S. Military- complete this section if you served in the U.S. Armed Forces.		
Branch of Service	Dates of Service (Mo./Yr.)	to
Describe duties and any special training		
Rank at Discharge		

Criminal History		
<p>Have you ever been convicted of, or entered a plea of guilty or nolo contendere to, a felony, misdemeanor criminal charge or local nonordiance including one in which you received a suspended sentence, suspended execution of sentence or any period of probation or parole? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, specify the offense and the date, place and court which has a record thereof.</p>		
<p>Have you ever been made the subject of a complaint or investigation concerning alleged child or elder abuse or neglect, or listed on the employee disqualification list maintained by the Illinois Division of Social Services, or any other state ? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If the answer is yes, specify the offense and the date, place and agency or other entity having a record thereof.</p>		
<p>The type and seriousness of the crime, along with your entire work history, education history, and the position for which you are applying will be considered. A "Yes" response to the above question will not automatically disqualify you from consideration for employment with Fayette County Hospital & Long Term Care. You are not obligated to disclose sealed or expunged records of conviction or arrest.</p>		

Please give two references (not relatives or persons previously listed) who are acquainted with your training or activities during the past five years. If recent college graduate, professors and faculty advisors in your field of concentration are particularly helpful.				
Name	Address	Telephone	Relationship	Years

		Number		known

Make any comments that you feel are important to your application:

The responses given above are true and correct. I have not withheld any fact which might adversely affect my application, and I understand that any omissions of fact or any false or misleading statements will be considered just cause of immediate dismissal, no matter when discovered. I further understand there may be no positions currently available. I agree that all former employers, or any other persons, may furnish Fayette County Hospital & Long Term Care with all information regarding my character and qualifications, and I release all such employers and person from any liability regarding the provision or use of such information. I consent to the release of my criminal history records to my prospective employer, Fayette County Hospital & LongTerm Care and I understand that the material contained in my criminal history records will be considered solely for the purposes of determining my suitability for the positions for which I have applied or will be considered. I do not authorize release of this information for any purposes beyond this employment decision. I understand that a prior conviction may not necessarily disqualify me for employment, but will be a factor which mat be considered in the hiring decision. I understand that if I am offered employment, I am not required to furnish any information which is prohibited by federal, state, local law, and that I may request reasonable accommodations, if needed due to disability, in order to participate in the overall application process. I understand that I will be required to successfully complete a job-related health screening provided and paid for by Fayette County Hospital & Long Term Care, along with the pre-employment testing for illegal drug use. I also relinquish any claims and ownership of any specimen provided to Fayette County Hospital & Long Term Care. I will also provide such documents as required by “ The Immigration Reform and Control Act of 1986.”

I also understand and agree that any action or suit against the Company, its representatives, employees or agents arising out of my employment or termination of employment, including, but not limited to, claims arising under State or Federal civil rights statues, must be brought within 180 days of the event giving rise to the claims to be forever barred. I waive any limitations period to the contrary.

Neither this Application nor any statement made to me during the hiring process or thereafter shall be considered a contract of employment of any kind. Where such a contract is intended, I understand that it will be separately entered into and signed by the President of the company. Absent such a contract, I understand that, if hired, my employment will be terminable-at-will, with or without reason, cause or notice, that I am not being employed for any specified or definite period of time, and that this application is not and it not intended to be a contract, offer, statement or confirmation of or for continued employment. I understand that any employee handbook or manual does not represent an employment contract if I am hired. The Company may alter, modify, amend, or terminate any of its policies and benefits.

The undersigned agrees to all of the foregoing.

Applicant's Signature

Date

NOTICE TO APPLICANTS

Drug-Free Work Environment

An important aspect of providing excellent service is assuring a drug-free environment. Therefore, drug testing is required of all new employees. In addition, thorough background and police checks are completed for every new hire.

Fayette County Hospital & Long Term Care
Applicant Survey Form
(Please Print)

Name: _____ Date: _____

Position Applied For: _____

Referral Source: _____

FCH & LTC is an Equal Opportunity Employer. We must demonstrate that we meet equal employment opportunity requirements by reporting statistical information to the Federal Government about applicants for employment. *This information will be kept strictly confidential and is only used for reporting requirements.* It will be kept separate from other papers and will not be used in any way to make employment decisions. Your participation is completely voluntary and would be greatly appreciated. If you choose not to provide the information, you will not be subjected to any adverse treatment.

Please check all that apply:

<input type="checkbox"/> Female	<input type="checkbox"/> Vietnam Era Veteran (<i>A Vietnam Era Veteran is anyone who served on active duty for a period of more than 180 days, any part of which occurred between 8/5/64 and 5/7/75 and who separated with other than dishonorable discharge.</i>)
<input type="checkbox"/> Male	<input type="checkbox"/> Other Eligible Veteran

Race or Ethnic Group (Check only ONE box):

- WHITE (Not Hispanic or Latino) - a person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- BLACK OR AFRICAN-AMERICAN (Not Hispanic or Latino) - a person having origins in any of the black racial groups of Africa.
- NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER (Not Hispanic or Latino) – A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- ASIAN (Not Hispanic or Latino) – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- AMERICAN INDIAN OR ALASKA NATIVE (Not Hispanic or Latino) – A person having origins in any of the original peoples of North and South American (including Central America), and who maintain tribal affiliation or community attachment.
- TWO OR MORE RACES (Not Hispanic or Latino) – All persons who identify with more than one of the above five races.
- HISPANIC OR LATINO – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.