



LA RABIDA CHILDREN'S HOSPITAL

East 65th Street At Lake Michigan
Chicago, IL 60649

AN EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER

APPLICATION FOR EMPLOYMENT

LAST NAME	FIRST NAME	MIDDLE INITIAL	DATE
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Please List All Last Names Ever Used, Including Maiden Name

PRESENT ADDRESS	CITY	STATE	ZIP CODE	TELEPHONE #
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ALTERNATE PHONE #	E-MAIL ADDRESS	ARE YOU AT LEAST 18 YEARS OF AGE? Yes ____ No ____
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SOCIAL SECURITY NUMBER#	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.? _____	
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POSITION(S) APPLIED FOR	SHIFT PREFERRED	RATE OF PAY EXPECTED
1. _____		1. _____
2. _____		2. _____

TYPE OF POSITION	Full-time _____	Temporary _____	ARE YOU AVAILABLE FOR	Days <input type="checkbox"/>	Afternoons <input type="checkbox"/>	Nights <input type="checkbox"/>	Weekends <input type="checkbox"/>
	Part-time _____						
DATE AVAILABLE _____							

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)? Yes ____ No ____
 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) _____

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 ____

SCHOOL	NAME AND ADDRESS	NUMBER OF YEARS ATTENDED	COURSES OF STUDY/ MAJOR	DIPLOMA/DEGREE
HIGH SCHOOL				
TECHNICAL/TRADE OR CORRESPONDENCE SCHOOL				
COLLEGE				
GRADUATE/ADVANCED DEGREE PROGRAM				

ARE YOU LICENSED/CERTIFIED? Yes No If yes, type and number: _____

AREAS OF SPECIALIZATION/MAJOR INTEREST?	List Special Skills/Equipment Operated/Computer Skills/Software/ Certificates	TYPING - WPM
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ARE YOU A VETERAN OF THE ARMED FORCES: Yes No If yes, what type of training or education did you receive while in the military? _____

LAST NAME
FIRST NAME
MIDDLE INITIAL

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 verification, 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 (No Benefits) <input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time
PRE-EMPLOYMENT PHYSICAL		BACKGROUND CLEARANCE	
Date _____	Initials _____	Date _____	Initials _____
Hiring Manager _____	Date _____	Recruiter _____	Date _____
		Director of Human Resources _____	Date _____