

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 INIT	TIAL DATE	
Di L' CAll Lost Nomes Eve	V. I. I. Jaco Maidan Nama			
Please List All Last Names Eve PRESENT ADDRESS	er Used, Including Maiden Name CITY	STATE	E ZIP CODE	TELEPHONE #
ALTERNATE PHONE #	E-MAIL ADDRES	S ARE Y	OU AT LEAST 18 YEARS OF A	AGE? Yes No
	ORIZED TO WORK IN THE UN		JENT BASIS?	Yes No
IF NO, HOW LONG ARE YO	U 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	ARE YOU AVAILABLE FC	DR Days Afternoons
				Nights
DATE AVAILABLE HOW DID YOU LEARN OF T	THIS POSITION?			Weekends
Advertisement: Which Publica	tion?	Employee Ref	ferral: Who?	
Other:				
HAVE YOU EVER BEEN EM	IPLOYED BY LA RABIDA CHI	LDEN'S HOSPITAL:	Dataa	Yes No
			Dates:	
HAVE YOU EVER APPLIED	FOR WORK AT LA RABIDA C	'HILDREN'S HOSPITAL:	Whe	Yes No
	NVICTED OF A CRIME, (EXCI		GED RECORDS OR ARRESTS))? Yes No
	oes not constitute an automatic bar to e			
HAVE YOU EVER RECEIVE	DICATED FOR CHILD ABUSE/ D SANCTIONS FOR COMMIT	TING MEDICARE/MEDICAID		Yes No Yes No
	R NUMBER THAT ALLOWS Y DERAL GOVERNMENT? IF Y			Yes No
		Lb, •	···	
SCHOOL	NAME AND ADDRESS	NUMBER OF YEARS	COURSES OF	DIPLOMA/DEGREE
	NAME AND ADDRESS	NUMBER OF YEARS ATTENDED	COURSES OF STUDY/MAJOR	DIPLOMA/DEGREE RECEIVED
SCHOOL HIGH SCHOOL	NAME AND ADDRESS			
HIGH SCHOOL TECHNICAL/TRADE OR	NAME AND ADDRESS			
HIGH SCHOOL TECHNICAL/TRADE OR CORRESPONDENCE SCHOOL	NAME AND ADDRESS			
HIGH SCHOOL TECHNICAL/TRADE OR CORRESPONDENCE	NAME AND ADDRESS			
HIGH SCHOOL TECHNICAL/TRADE OR CORRESPONDENCE SCHOOL	NAME AND ADDRESS			
HIGH SCHOOL TECHNICAL/TRADE OR CORRESPONDENCE SCHOOL COLLEGE	NAME AND ADDRESS			
HIGH SCHOOL TECHNICAL/TRADE OR CORRESPONDENCE SCHOOL COLLEGE GRADUATE/ADVANCED				
HIGH SCHOOL TECHNICAL/TRADE OR CORRESPONDENCE SCHOOL COLLEGE GRADUATE/ADVANCED DEGREE PROGRAM ARE YOU LICENSED/CERTI		ATTENDED	STUDY/MAJOR	
HIGH SCHOOL TECHNICAL/TRADE OR CORRESPONDENCE SCHOOL COLLEGE GRADUATE/ADVANCED DEGREE PROGRAM ARE YOU LICENSED/CERTI AREAS OF SPECIALIZATION	IFIED? Yes No If yes, ty N/MAJOR INTEREST? List Spec	ATTENDED	STUDY/MAJOR	RECEIVED
HIGH SCHOOL TECHNICAL/TRADE OR CORRESPONDENCE SCHOOL COLLEGE GRADUATE/ADVANCED DEGREE PROGRAM ARE YOU LICENSED/CERTI	IFIED? Yes No If yes, ty N/MAJOR INTEREST? List Spec	ATTENDED	STUDY/MAJOR	RECEIVED

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				
Job Title						
Employer Name				Telephone #		
Address						
Duties						
Reason For Leaving	<u></u>					
FROM (M/D/Y)	TO (M/D/Y)	IMMEDIATE SUPERVISOR				
Job Title						
Employer Name				_ Telephone #		
Address						
Duties						
Reason For Leaving	3					
FROM (M/D/Y)	TO (M/D/Y)	IMMEDIATE SUPERVISOR				
Job Title						
Employer Name				Telephone #		
Address						
Duties						
Reason For Leaving	<u></u>					

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	R OFFICE USE ONLY			
JOB TITLE	DEPARTMENT NAME	EMPLOYEE #	START DATE		
SALARY HR BI-WEEKLY	SHIFT/HOURS	STATUS □ Full-time (100% benefits)	Casual Part-Time (No benefits)		
		□ Part-time (50% benefits)	\Box Temporary \Box Part-Time		
			(No Benefits)		
PRE-EMPLOYMENT PHYSICAL		BACKGROUND CLEARANCE			
Date Initials		Date Initials			
Hiring Manager	Date	Recruiter	Date		
		Director of Human Resources	Date		