



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 Afternoons Nights Weekends
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 _____
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? Yes 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: Yes No If yes, what type of training or education did you receive while in the military? _____				

