

KANE COUNTY HOSPITAL

Employment Application

Please print or type clearly

Date: _____

Name: _____ Social Security Number: _____

Address: _____
Street or P.O. box # _____ City State _____
Zip code _____

Home Phone or contact # _____ Work Phone # _____

E-Mail address: _____

Dates of Veterans service From: _____ To: _____
MM DD YYYY MM DD YYYY

specific Job desired by title:

1st Choice: _____ 2nd Choice: _____

3rd Choice: _____ 4th Choice: _____

Acceptable employment types: Full time: ___ Part time: ___ Shift work: ___ Temporary: ___

Date you can start: _____ Salary Desired: _____

Are you employed now? Yes ___ No ___ If so, may we contact your present employer: Yes ___ No ___

Have you ever applied at Kane County Hospital before? Yes ___ No ___ If so when? _____

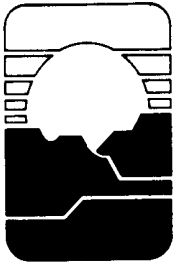
List any trade or professional licenses, certificates or registrations: _____

References: List three persons not related to you whom you have known at least one year.

Name	Address	Telephone#	Business or trade

Education: High School Graduate? Yes ___ No ___ If no, circle highest year completed 1 2 3 4 5 6 7 8 9 10 11 12

College, Business or Trade school, name and city	Major or vocational Subjects	Length of time	Degree



KANE COUNTY HOSPITAL

Work History: Beginning with present or most recent, list your three most significant employers. If you wish to elaborate, a supplemental sheet or resume may be attached. Include military service if applicable.

Firm Name: _____ Dates From: _____ To: _____

Address: _____ Reason for leaving: _____

Job title: Responsibilities and duties: _____

Firm Name: _____ Reason for leaving: _____

Job title: Responsibilities and duties: _____

Firm Name: _____ Reason for leaving: _____

Job title: Responsibilities and duties: _____

Additional qualifications and skills: Machines, equipment, tools used, related activities, etc.

Other than minor traffic tickets, have you ever been convicted of (or have a case pending for) any criminal offenses? This includes D.U.I. and all other convictions, even if you have completed a diversion program. Yes ___ No ___ If "yes", please provide additional information:

When: _____ Place: _____

Charge: _____ Penalty: _____

I certify that all statements made in this application are true and correct, and that any misstatement of material facts may subject me to disqualification or dismissal. Also, I authorize investigation of all statements made in this application. I understand that my employment is for not definite period (and) may be terminated at any time.

Signature: _____ Date: _____