CLAY COUNTY HOSPITAL AND MEDICAL CLINICS
911 Stacy Burk Drive • Flora, IL 62839
618.662.2131

EMPLOYMENT APPLICATION

The following information is required in order to help the hospital make the best possible selection of a candidate for employment. All portions of this application must be completed. We appreciate the time you spend filling in the application form.

PRE-EMPLOYMENT QUESTIONNAIRE – AN EQUAL OPPORTUNITY EMPLOYER

Date:

PERSONAL INFORMATION

Last Name	First Name		Email Address	
Address	Apt. No.	City	State	Zip
Are You 18 Years or Older? ☐ Yes ☐ No	Phone Number		Prefer to be contacted by text or phone?	

DESIRED EMPLOYMENT

Position	Date You Can Start	Salary Desired
Are you employed now? ☐ Yes ☐ No	If employed, may we inquire of your present employer? ☐ Yes ☐ No	
Have you worked for CCH before? ☐ Yes ☐ No	If YES, In which department did you work?	When did you work at CCH?
Do you have friends or relatives employed by Clay County Hospital? ☐ Yes ☐ No If yes, please list:		
Which shift will you accept? _____Day _____Evening _____Night _____Rotating _____Weekends		
Which job status will you accept? _____Full-Time _____Part-Time _____PRN		

EDUCATION		
Name & Location of School	Did You Graduate?	Degree/Certificate

GENERAL
List any special skills pertaining to the position you are applying for:

FORMER EMPLOYERS			
Name of Present or Last Employer			
Address	City	State	Zip
Start Date	Leave Date	Job Title	
May We Contact Your Supervisor? ☐ Yes ☐ No		Name of Supervisor	
Email		Title	Phone
Description of Work			
Reason for Leaving			

Name of Present or Last Employer			
Address	City	State	Zip
Start Date	Leave Date	Job Title	
May We Contact Your Supervisor? ☐ Yes ☐ No		Name of Supervisor	
Email		Title	Phone
Description of Work			
Reason for Leaving			

Name of Present or Last Employer			
Address	City	State	Zip
Start Date	Leave Date	Job Title	
May We Contact Your Supervisor? ☐ Yes ☐ No		Name of Supervisor	
Email		Title	Phone
Description of Work			
Reason for Leaving			
Has your employment been terminated (or not renewed) by any employer in the Last 5 years? If "yes", please explain: (Please attach an additional sheet if more space is needed for your explanation)			

PROFESSIONAL LICENSES	
Licensure? Type: Number: State: Date:	License or registration ever suspended, revoked or on probation? If YES, explain:
Currently Registered/Certified? Type: Number: State: Date:	Currently Certified? Type: State: Date:

REFERENCES Below, list three professional/work/school references who are not relatives or personal acquaintances.			
Name	Company	Phone Number	Email

MILITARY SERVICE RECORD	
Branch of Service	Years of Service

UNDERSTANDING AND AUTHORIZATION

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

Clay County Hospital reserves the right to confer with persons listed by you as a reference, or with any other individuals, with knowledge concerning your total qualifications for the position. The Hospital will not inquire into your financial status, religious affiliation, marital status, or on other matters unrelated to your qualifications to fill the position for which you applied. You agree to submit to a criminal background investigation upon conditional offer of employment. Information received from such inquiries will be used solely for determining your employability with Clay County Hospital and for no other purpose. This information will not be shared with anyone other than those Hospital representatives involved in the selection process. Unless you are willing to authorize Clay County Hospital to make such inquiries, your application will not be considered.

I hereby consent to having Clay County Hospital contact anyone that it deems appropriate to investigate or verify any information I have given or to discuss my background, past performance, or suitability for employment. I further consent to being discussed by any person so contacted and I waive all rights to bring any action for defamation, invasion of privacy, or any similar cause against anyone contacted as a result of what he or she may say about me.

I understand that Clay County Hospital has a drug and alcohol policy that provides for pre-employment testing as well as testing after employment. Consent to and compliance with such policy is a condition of my employment.

I understand that this document is not an offer of employment, and that an offer of employment, if tendered, does not constitute a contract for continued guaranteed employment. I understand that staff employees of Clay County Hospital serve at-will, and the employment relationship may be terminated at any time by either party, for any or no reason, other than a reason prohibited by law.

If employed, I will be required to furnish proof of eligibility to work in the United States.

If employed on a regular, benefits-eligible basis, I understand that I will be required to make mandatory contributions to the Illinois Municipal Retirement Fund (IMRF). I understand that any benefits I receive may be subject to change or discontinuation at any time without prior notice.

Clay County Hospital is a tobacco free campus.

Applicant Signature:_____ Date:_____

Clay County Hospital, in accordance with state and federal laws, does not discriminate on the basis of age, race, religion, color, sex, national origin, marital status or disability.