

**REFERENCES**

Did you serve in the U.S. Armed Services?  YES  NO What Branch?  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Briefly describe duties and skills acquired through military service: (Please include Dates). It is not the intent of Memorial Hospital to discover the type of discharge an applicant received from Military Service. If the type of discharge is discovered, a dishonorable discharge or general discharge will not be an absolute bar to employment. Other factors will affect the decision to hire or not to hire.

Have you volunteered your time or services?  YES  NO  
 Briefly describe duties and skills  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**LIST 3 REFERENCES WHO ARE NOT RELATIVES OR EMPLOYERS:**

NAME AND RELATIONSHIP	TITLE	COMPANY NAME & ADDRESS	TELEPHONE

**SIGNATURE**

READ THIS SECTION PRIOR TO PROVIDING SIGNATURE BELOW  
 I understand that nothing contained in this application or in the granting of an interview creates a contract between Memorial Hospital and myself for either employment or for the providing of any benefit. No promises regarding employment have been made to me and I understand that no such promise is binding upon Memorial Hospital unless made in writing by the President, or Vice President. I acknowledge that no consideration has been furnished to Memorial Hospital for my employment other than my services, and I understand I have the right to terminate my employment at any time and for any reason, and I understand that Memorial Hospital has the same right.

I agree to abide by Memorial Hospital's rules and policies if hired. The information provided on this application (and accompanying resume, if any) is true and complete. I understand that any false or misleading representations or omissions may disqualify me for further considerations for employment and may result in discharge, if discovered at a later date.

I, furthermore, understand that any offer of employment is contingent upon the satisfactory completion of Memorial Hospital's pre-employment physical. Failure to satisfactorily complete the physical will result in the offer of employment being withdrawn.

Date \_\_\_\_\_ Signature \_\_\_\_\_

**FOR OFFICE USE ONLY**

**TO BE COMPLETED AFTER EMPLOYED**      **HIRED:**  YES  NO      **SEE COMMENTS BELOW**

REFERENCES CHECKED AND BY WHOM:    REFERENCE #1    DATE    REFERENCE #2    DATE    REFERENCE #3  
 DATE

PERSONNEL NOTES (These Notes Are Open To Inspection- Keep Information Factual) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Physical Exam 1. . . . .      Date \_\_\_\_\_  
 Physical Exam 2. . . . .      Date \_\_\_\_\_  
 Personnel Orientation Date. . .      Date \_\_\_\_\_

IF APPLICANT IS 18 YRS. OLD OR LESS IS PROOF OF AGE ON FILE? <input type="checkbox"/> YES <input type="checkbox"/> NO		INTERVIEWER'S SIGNATURE	
STARTING DATE	<input type="checkbox"/> SALARIED <input type="checkbox"/> HOURLY	LICENSURE / REGISTRATION NUMBER	
DEPARTMENT	COST CENTER	EMPLOYEE SIGNATURE	
JOB TITLE	POSITION CONTROL #	POSITION ID #	<input type="checkbox"/> FULL TIME <input type="checkbox"/> ON CALL STATUS <input type="checkbox"/> NO BENEFITS <input type="checkbox"/> PART TIME <input type="checkbox"/> PERDIEM <input type="checkbox"/> IRREGULAR/TEMPORARY
STARTING SALARY / GRADE	DIFFERENTIAL		SHIFT      EMPLOYEE NUMBER
NOTIFY IN CASE OF EMERGENCY	NAME	RELATIONSHIP	ADDRESS      TELEPHONE
NOTIFY IN CASE OF EMERGENCY	NAME	RELATIONSHIP	ADDRESS      TELEPHONE

# EMPLOYMENT APPLICATION



## MEMORIAL HOSPITAL

HUMAN RESOURCES  
 4500 MEMORIAL DRIVE  
 BELLEVILLE, ILLINOIS 62226-5399  
 (618) 257-5230

*Memorial is an Equal Opportunity Employer and complies with all applicable state and federal equal employment and civil rights laws and regulations. For the protection of its patients and employees, and consistent with Illinois law, Memorial reserves the right to conduct criminal history and background checks.*

Name (Last, First, Middle) \_\_\_\_\_

Position \_\_\_\_\_

Date \_\_\_\_\_

**PERSONAL**

**PLEASE PRINT**

LAST NAME		FIRST	MIDDLE	SOCIAL SECURITY NO.	
MAIDEN NAME / OTHER NAMES EMPLOYED UNDER:		NICKNAME		HOME E-MAIL ADDRESS	
PRESENT ADDRESS		CITY	STATE	ZIP CODE	TELEPHONE NO.
PERMANENT ADDRESS		CITY	STATE	ZIP CODE	CELLULAR PHONE NO. / OTHER
POSITION APPLIED FOR				SALARY DESIRED	
HOW WERE YOU REFERRED TO THIS FACILITY?				ARE YOU APPLYING FOR: <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> PERDIEM <input type="checkbox"/> TEMPORARY	
RELATIVES OR FRIENDS EMPLOYED IN THIS FACILITY?				DATE AVAILABLE FOR WORK:	
ARE YOU 18 YEARS OLD OR YOUNGER <input type="checkbox"/> YES <input type="checkbox"/> NO				WOULD YOU CONSIDER WORKING ANY SHIFT? <input type="checkbox"/> YES <input type="checkbox"/> NO	
HAVE YOU EVER BEEN EMPLOYED BY THIS FACILITY? WHEN?				WEEKENDS & HOLIDAYS: <input type="checkbox"/> YES <input type="checkbox"/> NO ROTATING SHIFTS: <input type="checkbox"/> YES <input type="checkbox"/> NO ON CALL: <input type="checkbox"/> YES <input type="checkbox"/> NO	
ARE YOU A U.S. CITIZEN OR ARE YOU AN ALIEN LEGALLY AUTHORIZED TO WORK IN THE UNITED STATES?				SHIFT PREFERENCE: 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	
WERE YOU EVER CONVICTED OF A FELONY? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, EXPLAIN:					
<p><small>PLEASE NOTE: You are not obligated to disclose sealed or expunged records of conviction or arrest. A conviction record will not necessarily be a bar to employment. Factors such as age and time of offense, seriousness and nature of the violation, and rehabilitation will be taken into account.</small></p>					

**EDUCATION / SKILLS**

SCHOOL	NAME AND ADDRESS OF SCHOOL	COURSE OF STUDY	CHECK LAST YEAR COMPLETED				DID YOU GRADUATE?	LIST DIPLOMA OR DEGREE
			1	2	3	4		
HIGH							<input type="checkbox"/> YES <input type="checkbox"/> NO	
TRADE							<input type="checkbox"/> YES <input type="checkbox"/> NO	
COLLEGE							<input type="checkbox"/> YES <input type="checkbox"/> NO	
COLLEGE							<input type="checkbox"/> YES <input type="checkbox"/> NO	
SPECIALIZED COURSES/TRAINING								
AREA OF SPECIALIZATION OR MAJOR INTEREST						FLUENT LANGUAGES		
LIST HEALTH CARE, INDUSTRIAL EQUIPMENT OPERATED, OR COMPUTERIZED INFORMATION SYSTEMS:								

**PROFESSIONAL LICENSES AND/OR CERTIFICATIONS**

ARE YOU CURRENTLY:  REGISTERED  LICENSED  CERTIFIED  
 ELIGIBLE FOR:  REGISTRATION  LICENSURE  CERTIFICATION

**IF LICENSED, REGISTERED OR CERTIFIED**

TYPE	STATE ISSUED	EXPIRATION DATE	NO.
TYPE	STATE ISSUED	EXPIRATION DATE	NO.
TYPE	STATE ISSUED	EXPIRATION DATE	NO.
TYPE	STATE ISSUED	EXPIRATION DATE	NO.

**PREVIOUS EXPERIENCE**

LIST NAME, ADDRESS AND PHONE NUMBER OF PREVIOUS EMPLOYERS WITH MOST RECENT EMPLOYER FIRST.	FROM Month/Year	TO Month/Year	IMMEDIATE SUPERVISOR	LAST SALARY Hourly, Monthly or Yearly
JOB TITLE: _____				
EMPLOYER NAME: _____				PHONE: _____
ADDRESS: _____				
DUTIES: _____				
REASON FOR LEAVING: _____				
JOB TITLE: _____				
EMPLOYER NAME: _____				PHONE: _____
ADDRESS: _____				
DUTIES: _____				
REASON FOR LEAVING: _____				
JOB TITLE: _____				
EMPLOYER NAME: _____				PHONE: _____
ADDRESS: _____				
DUTIES: _____				
REASON FOR LEAVING: _____				
JOB TITLE: _____				
EMPLOYER NAME: _____				PHONE: _____
ADDRESS: _____				
DUTIES: _____				
REASON FOR LEAVING: _____				
State if you do not want us to contact any of the above listed former employers and the reason you do not want each contacted.				
Can we run a detailed employment check with your previous employers? <input type="checkbox"/> YES <input type="checkbox"/> NO				
_____ Please sign here to authorize reference check				