

You will be given the option of emailing this form automatically at the end of the application or you may mail it to the address below or deliver in person. Immediate interviews available during business hours.

## Application for Employment

### Caseville Nursing and Rehab

601 West Lincoln Avenue, Caseyville, IL 62232

**This facility is an equal opportunity employer and does not discriminate against otherwise qualified applicants on the basis of race, color, creed, religion, ancestry, age, sex, marital status, national origin, disability or handicap, or veteran's status.**

Date of Application: \_\_\_\_\_ Date Available to Begin Work: \_\_\_\_\_

\*Applications are only good for 30 days only. Consideration for employment after 30 days requires a new application

Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
Last First Middle Initial

Present Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Street City/State Zip Code

Employment Desired		
Position/Job	Shift/Hours	Rate of Pay

Full Time      Have you ever worked here before?     Yes     No  
 Part Time  
 PRN/As Needed      **If Yes, when?** \_\_\_\_\_

Are you under 18 years of age?     Yes     No      Are you legally eligible to work in the U.S.?     Yes     No

List any friends or relatives already working here: \_\_\_\_\_  
Name Relationship

### Education and Training

Select Highest Grade Completed 8 9 10 11 12 13 14 15 16 17 18

	Name	City/State	Dates		Degree Awarded
			From	To	
High School					<input type="checkbox"/> Diploma <input type="checkbox"/> G.E.D.
College or Vocational					
Other:					

### Licensure(s):

RN     LPN     Other: \_\_\_\_\_

State	License#	Expiration

Has any professional license ever been disciplined?     Yes     No     N/A  
 If Yes, explain in comments section

Were you in the U.S. Armed Forces?     Yes     No      Dates of Service: \_\_\_\_\_ to \_\_\_\_\_

Did you receive an Honorable Discharge?     Yes     No      Branch of Service: \_\_\_\_\_

**Other Training**     CPR Certified    Exp Date: \_\_\_\_\_     IV Certified     Insulin Certified     Other: \_\_\_\_\_

EMR    Type: \_\_\_\_\_     Software    Describe: \_\_\_\_\_

JOB-RELATED COMMENTS including other special skills, memberships in professional associations, awards, licensures, registrations, etc.

**Employment History:**

List employers in reverse order starting with your most recent. Include U.S. Military Service

<b>Employer 1</b>	
Name: _____	Position(s) Held: _____
Address: _____	Dates of Employment: _____ to _____
City/State/Zip: _____	Ending Pay Rate: _____
Supervisor: _____ Phone #: _____	Reason for Leaving: _____
<b>Employer 2</b>	
Name: _____	Position(s) Held: _____
Address: _____	Dates of Employment: _____ to _____
City/State/Zip: _____	Ending Pay Rate: _____
Supervisor: _____ Phone #: _____	Reason for Leaving: _____
<b>Employer 3</b>	
Name: _____	Position(s) Held: _____
Address: _____	Dates of Employment: _____ to _____
City/State/Zip: _____	Ending Pay Rate: _____
Supervisor: _____ Phone #: _____	Reason for Leaving: _____
<b>Employer 4</b>	
Name: _____	Position(s) Held: _____
Address: _____	Dates of Employment: _____ to _____
City/State/Zip: _____	Ending Pay Rate: _____
Supervisor: _____ Phone #: _____	Reason for Leaving: _____
<b>Employer 5</b>	
Name: _____	Position(s) Held: _____
Address: _____	Dates of Employment: _____ to _____
City/State/Zip: _____	Ending Pay Rate: _____
Supervisor: _____ Phone #: _____	Reason for Leaving: _____

\*\*If you wish to describe additional work experience, attach the above information for each position on a separate piece of paper.

If any employment was under a different name, please indicate name(s): \_\_\_\_\_

May we contact the employers listed above?  Yes  No If no, list which one(s) you do not wish us to contact \_\_\_\_\_

Explain any gaps of greater than one month in you work history: \_\_\_\_\_

Have you ever been discharged or asked to resign from a job?  Yes  No If yes, explain: \_\_\_\_\_

Except for minor traffic violations, have you ever been convicted of a crime?  Yes  No If yes, explain: \_\_\_\_\_

Have you ever been excluded from working due to findings of abuse, neglect, theft, fraud or another other disqualifying condition?  Yes  No If yes, explain: \_\_\_\_\_

\*A criminal conviction or prior history of an exclusion will not necessarily prevent you from being hired

**References:**

**Professional:** Include at least two if possible

**Personal:** Include at least one if possible

Name: _____ Title: _____ Address: _____ City/State/Zip: _____ Phone: _____	Name: _____ Relationship: _____ Address: _____ City/State/Zip: _____ Phone: _____
Name: _____ Title: _____ Address: _____ City/State/Zip: _____ Phone: _____	Name: _____ Relationship: _____ Address: _____ City/State/Zip: _____ Phone: _____
Name: _____ Title: _____ Address: _____ City/State/Zip: _____ Phone: _____	Name: _____ Relationship: _____ Address: _____ City/State/Zip: _____ Phone: _____

I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for Caseyville Nursing and Rehab to hire me. If I am hired, I understand that either Caseyville Nursing and Rehab or I can terminate my employment at any time and for any reason, with or without cause and without prior notice. I understand that no representative of Caseyville Nursing and Rehab has the authority to make any assurance to the contrary. I attest with my signature below that I have given to Caseyville Nursing and Rehab true and complete information on this application. No requested information has been concealed. I authorize Caseyville Nursing and Rehab and its authorized agents to verify any job-related information provided in connection with this application and release Caseyville Nursing and Rehab and any persons, companies or corporations from liability or responsibility for the information obtained. If any information I have provided is untrue, or if I have concealed material information, I understand that this will constitute cause for the denial of employment or immediate dismissal. If employed, I understand that I will be required to provide proof of eligibility to work within three days of hire or risk being dismissed.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Office Use Only

Interview Date: \_\_\_\_\_

Interviewer Name: \_\_\_\_\_

Interview Notes: