

## APPLICATION FOR EMPLOYMENT

IF APPLICATION IS FOR NORTH SHORE HEALTH SYSTEMS FACILITY OTHER THAN HUNTINGTON HOSPITAL, PLEASE GIVE LOCATION \_\_\_\_\_

PLEASE PRINT CLEARLY IN INK

DATE OF APPLICATION \_\_\_\_\_

### PERSONAL

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M. I. \_\_\_\_\_ SSN # \_\_\_\_\_

If less than 18 yrs., Working Papers # \_\_\_\_\_ Do you have the right to work in the U.S.? Yes \_\_\_\_\_ No \_\_\_\_\_

Current Address \_\_\_\_\_ Apt # \_\_\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone# \_\_\_\_\_ How long have you resided there? \_\_\_\_\_

If you have lived at current address less than five years, please complete the following:

Former Address \_\_\_\_\_ Apt # \_\_\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ How long? \_\_\_\_\_

### EXPECTATIONS

Position Applied For \_\_\_\_\_ Other Positions or Areas Desired \_\_\_\_\_

Status Desired: Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ Per Diem \_\_\_\_\_ Shift Desired: Day \_\_\_\_\_ Evening \_\_\_\_\_ Night \_\_\_\_\_ Salary Expected \_\_\_\_\_

Date Available \_\_\_\_\_ Where you previously employed here? If yes, list: Dept. \_\_\_\_\_ Position \_\_\_\_\_

### EMPLOYMENT HISTORY

LIST TOTAL EMPLOYMENT HISTORY, BEGINNING WITH MOST RECENT. IF ADDITIONAL SPACE IS NEEDED, USE PLAIN PAPER AND ATTACH.

IS ANY ADDITIONAL INFORMATION NEEDED RELATIVE TO CHANGE OF NAME TO CHECK WORK RECORD?  YES  NO

If YES, explain

FROM Mo. Yr.	NAME OF EMPLOYER	NAME/TITLE OF LAST SUPERVISOR			TELEPHONE NO.
TO Mo. Yr.	ADDRESS Street	City	State	POSITION HELD	SALARY PER

Briefly describe the work you performed:

Reason for leaving: \_\_\_\_\_ MAY WE CONTACT THIS EMPLOYER?  YES  NO

FROM Mo. Yr.	NAME OF EMPLOYER	NAME/TITLE OF LAST SUPERVISOR			TELEPHONE NO.
TO Mo. Yr.	ADDRESS Street	City	State	POSITION HELD	SALARY PER

Briefly describe the work you performed:

Reason for leaving: \_\_\_\_\_

FROM Mo. Yr.	NAME OF EMPLOYER	NAME/TITLE OF LAST SUPERVISOR			TELEPHONE NO.
TO Mo. Yr.	ADDRESS Street	City	State	POSITION HELD	SALARY PER

Briefly describe the work you performed:

Reason for leaving: \_\_\_\_\_

### SKILLS

CHECK YOUR SKILLS:

- TYPEWRITER \_\_\_\_\_ WPM  SHORTHAND/DICTAPHONE  KNOWLEDGE OF MEDICAL TERMINOLOGY
- COMPUTER SKILLS \_\_\_\_\_

Please list any Technical, Trade or Mechanical Skills \_\_\_\_\_

**EDUCATION**

SCHOOL	NAME OF SCHOOL AND LOCATION	YEARS Completed	COURSE OF STUDY	DID YOU GRADUATE?	DIPLOMA DEGREE
HIGH SCHOOL				<input type="checkbox"/> YES	
				<input type="checkbox"/> NO	
COLLEGE				<input type="checkbox"/> YES	
				<input type="checkbox"/> NO	
GRADUATE				<input type="checkbox"/> YES	
				<input type="checkbox"/> NO	
OTHER				<input type="checkbox"/> YES	
				<input type="checkbox"/> NO	

Please list PROFESSIONAL LICENSES, CERTIFICATIONS or PERMITS HELD \_\_\_\_\_

PROFESSIONAL MEMBERSHIPS \_\_\_\_\_

**U. S. MILITARY**

BRANCH OF SERVICE	DATES		RESERVE STATUS
	FROM	TO	

TYPE OF DUTY AND SPECIAL TRAINING \_\_\_\_\_

**PERSONAL**

Have you ever been convicted of - A Misdemeanor?  Yes  No A Felony?  Yes  No  
If YES to either conviction, explain giving date and place of conviction.

Have you ever been refused a bond?  Yes  No If YES, explain:

Have you ever been discharged from employment?  Yes  No If YES, explain:

Have any professional liability suits or claims ever been filed against you?  Yes  No  NA If YES, explain:

Has any malpractice claim ever resulted in a settlement or judgement against you?  Yes  No  NA If YES, explain:

Have you ever had your professional license suspended, revoked or limited in any state?  Yes  No  NA If Yes, explain:

Have you ever voluntarily surrendered your license?  Yes  No  NA If YES, explain:

**MISCELLANEOUS**

HOW DID YOU HEAR ABOUT HUNTINGTON HOSPITAL?

Newspaper \_\_\_\_\_ Name \_\_\_\_\_  Live in area  Employment Agency \_\_\_\_\_ Name \_\_\_\_\_  Other \_\_\_\_\_ Explain \_\_\_\_\_

Friend or relative works here \_\_\_\_\_ Name \_\_\_\_\_ Dept. \_\_\_\_\_

DO YOU HAVE ANY RELATIVES EMPLOYED AT HUNTINGTON?  Yes  No If YES, give  
Dept. \_\_\_\_\_ Name \_\_\_\_\_

**APPLICANT'S CERTIFICATION**

I certify that all matter contained in this application is true and authorize their investigation and agree that any misleading or false statements would render this application void and would be sufficient cause for immediate dismissal in the event of employment.

I understand that my employment is dependent upon my providing all necessary documentation as required for the position, satisfactory completion of a physical examination, receipt by the Hospital of satisfactory references, attendance at employee orientation and satisfactory completion of the probationary period. That any offer extended and accepted does not constitute a contract of employment, and that any such employment is terminable at the will of either party.

I understand that as a condition of employment, I may be required to undergo and pass a screening for drugs and/or alcohol. I hereby consent to have the results of any such drug or alcohol screening I may be required to undergo disclosed to the hospital.

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

**APPLICANT — DO NOT USE THIS SPACE**

PERSONNEL OFFICE	O	S	U	COMMENTS	DEPARTMENT HEAD	O	S	U
Appearance					Appearance			
Experience					Experience			
Communicate					Communicate			
Attitude					Attitude			
Job Knowledge					Job Knowledge			
Personality					Personality			
Potential					Potential			
Interviewed By _____					Interviewed By _____			
Date _____					Date _____			