

**St. Vincent's Nursing Home
1440 North 10th Street
Quincy, IL 62301**

Prospective employees will receive consideration without discrimination based on race, creed, color, sex, age, national origin, handicap, veteran status or any condition prescribed by state or local law.

**APPLICATION EMPLOYMENT
PERSONAL**

Referred By:

Last Name	First	Middle	Date
Street Address			Home Telephone ()
City, State, Zip			Alternate Telephone ()
E-mail Address:			Social Security #
Type of employment desired: _____ Full-time _____ Part-time _____ Temporary			Position Desired:
Have you ever worked for us? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes: Month & Year _____ Location _____			Pay Expected
Apart from absence for religious observance, are you available for full-time work? <input type="checkbox"/> YES <input type="checkbox"/> NO If not, what hours can you work? _____			What shift do you prefer?
Are you legally eligible for employment in the United States?			When will you be available to begin work? _____

Other special training or skills (languages, machines operation, etc.)

EDUCATION

SCHOOL	NAME & LOCATION OF SCHOOL	COURSE OF STUDY	NO. OF YEARS COMPLETED	DID YOU GRADUATE?	DEGREE OR DIPLOMA
ELEMENTARY					
HIGH SCHOOL					
BUSINESS/TRADE/TECHNICAL					
COLLEGE					
GRADUATE					

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EMPLOYMENT

*Please give accurate complete full-time and part-time employment record. Start with present or most recent employer.

Company Name	Telephone ()
Address	Employed – (<i>State month & year</i>) From: To:
Name of Supervisor	Rate of pay Start: _____ Last: _____
State Job title and Describe Your Work _____ _____ _____	Reason for leaving
May we contact this employer? ___ Yes ___ No If No, Why? _____ _____	

Company Name	Telephone ()
Address	Employed – (<i>State month & year</i>) From: To:
Name of Supervisor	Rate of pay Start: _____ Last: _____
State Job title and Describe Your Work _____ _____ _____	Reason for leaving
May we contact this employer? ___ Yes ___ No If No, Why? _____ _____	

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**Please list 3 references – including address and phone number
(DO NOT INCLUDE RELATIVES)**

1. _____
2. _____
3. _____

Please read and understand this statement before signing your application

The information I have provided in this Application for Employment is true, correct and complete. False, incomplete or misrepresented information of any kind, will be sufficient cause for my application to be rejected, if discovered after I am employed, cause for immediate termination of my employment.

I authorize the employer to contact and obtain information about me from previous employers, educational institutions and “references” I provided, and any other party necessary to verify the accuracy of information I disclose in this applications, a related employment resume or a personal interview. To assist in the processing of my Application, I waive all rights and claims I may otherwise have against the employer or its representatives, for seeking, and using information to evaluate my employment request and all other persons, corporations or organizations who provide information for this purpose.

This application will expire in **30 days**. After that date, unless otherwise notified, I understand that my status as an applicant will end. I may re-apply for employment in the future by completing a new application.

The application is not an employment agreement if I accept an offer of employment I understand the employer may terminate my employment at any time, with or without cause and without prior notice, unless required by law. I understand that no one, other than an executive officer of the employer, has authority to enter any employment with terms contrary to the foregoing and then only in writing signed by such officer.

I fully understand and accept all terms and conditions in the above statement

DATE

Signature