



3917 Howard St., Skokie, IL 60076-3778
 Tel: 847-674-7102 • Fax: 847-674-7105

EMPLOYMENT APPLICATION

AN EQUAL OPPORTUNITY EMPLOYER

DATE

Applying for:

- Registered Nurse (RN)
- License Practical Nurse (LPN)
- Physical Therapist (PT)
- Occupational Therapist (OT)
- Speech Therapist (ST)
- Medical Social Worker (MSW)
- Home Health Aide (CNA)
- Homemaker / Caregiver
- Other (please specify) _____

Availability:

- Full-Time
- Part Time
- Days Available _____
- Time Available _____
- Others (specify) _____

How Did you know about us? Please check.

- Advertisement
- Internet Search
- Friend _____
- Relative
- Walk-In
- Other _____

LAST NAME	FIRST NAME	MIDDLE NAME	
CURRENT ADDRESS	CITY	STATE	ZIP
PREVIOUS ADDRESS	CITY	STATE	ZIP
HOME PHONE #	CELLPHONE #	E-MAIL ADDRESS	
SOCIAL SECURITY #	DRIVER'S LICENSE #	DATE OF BIRTH	

Have worked for this company before? Yes No
 If Yes, what was the reason for leaving? _____

Are you currently employed? Yes No
 Are you either a U.S. citizen or an alien authorized to work in the U.S.? Yes No
 (Please provide proof of citizenship or immigration status.)
 Have you been convicted of felony within the last 7 years? Yes No
 Do you have a valid Illinois driver's license? or Yes No
 Do you have a valid out of state driver's license? Yes No
 Do you drive your own car? Yes No
 Do we have a permission to take a picture of you? Yes No

EDUCATION

	Name and Address of School	Degree	Year Graduated
High School			
College			
Graduate			
Others			

FOREIGN LANGUAGE PROFICIENCY

	Fluent	Good	Fair
Speak			
Read			
Write			

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

Do you have experience working on patient with: (Check all that apply.)

- Alzheimer's/Dementia Diabetic Incontinence Stroke
 Bedridden Hospice Foley Catheter Lifting: _____ lbs

EMPLOYMENT HISTORY (Start from your most recent job.)

EMPLOYER 1		DATES EMPLOYED	JOB POSITION	
ADDRESS			START RATE	FINAL RATE
CONTACT NAME	RELATIONSHIP	CONTACT NO.		
REASON FOR LEAVING				

EMPLOYER 2		DATES EMPLOYED	JOB POSITION	
ADDRESS			START RATE	FINAL RATE
CONTACT NAME	RELATIONSHIP	CONTACT NO.		
REASON FOR LEAVING				

EMPLOYER 3		DATES EMPLOYED	JOB POSITION	
ADDRESS			START RATE	FINAL RATE
CONTACT NAME	RELATIONSHIP	CONTACT NO.		
REASON FOR LEAVING				

EMPLOYER 4		DATES EMPLOYED	JOB POSITION	
ADDRESS			START RATE	FINAL RATE
CONTACT NAME	RELATIONSHIP	CONTACT NO.		
REASON FOR LEAVING				

REFERENCES

List the names of persons that you are not related to and whom you have known for at least one year.

Name	Business Address	Position	Contact #

I certify that the facts in this application are true and complete to the best of my knowledge. I authorize investigation of all statements contained herein and the reference listed above to give you any and all information concerning my previous employment and any pertinent information they may have personal or otherwise and release all parties from all liability for any damage that may result from furnishing same to you.

SIGNATURE	DATE SIGNED	HIRE DATE
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