



LITTLE COMPANY OF MARY
HOSPITAL AND HEALTH CARE CENTERS

In Pursuit of Pain-Free Health CareSM

EMPLOYMENT APPLICATION

Little Company of Mary Hospital & Health Care Centers, and Affiliated Services, Inc. are equal opportunity employers.

It is the policy of the Hospital to hire on the basis of qualifications, in accordance with applicable state and federal law, without discrimination on the basis of: race, color, religion, nation, origin, ancestry, marital status, sex, unfavorable military discharge, handicap or age.



LITTLE COMPANY OF MARY
AFFILIATED SERVICES

In Pursuit of Pain-Free Health CareSM

JOB HOTLINE: (708)229-5050
GENERAL INFORMATION

PLEASE PRINT CLEARLY

NAME Last First Middle			SOCIAL SECURITY NUMBER		
ADDRESS Street City State Zip Code			PHONE NUMBER 1) _____ 2) _____ Area Code Number		
E-MAIL ADDRESS _____ Are you under 18 years of age? YES G NO G If yes, indicate date of birth _____			Legal documentation of citizenship or immigration status, social security cards, diplomas, professional credentials and licenses will be required prior to commencing employment.		
Were you previously employed by Little Company of Mary Hospital? YES G NO G Position _____ Department _____ Dates: From _____ To _____			If yes, indicate:		
If you have relatives working in the hospital please indicate: Name _____ Relationship _____ Position _____					
How were you referred? G Newspaper G Employee Referral, (specify) _____ G LCMH Website G Internet G Other (specify) _____					
Have you ever been convicted of a crime? In answering this question, you are not obligated to disclose sealed, annulled or expunged convictions that were pardoned by the Governor. YES G NO G If yes, please list the offense, dates, court and action taken: _____ A criminal conviction will not necessarily be a bar to employment; rather, such information is only relevant in determining if the conviction is directly related to the job for which you are applying. Factors such as age and time of the offense, seriousness and nature of the violation and rehabilitation will be taken into account. Failure to honestly answer these questions will result in discontinued consideration of the application or termination of employment.					

EMPLOYMENT DATA

POSITION APPLYING FOR: _____	IF RN, AREA OF INTEREST: _____
APPLYING FOR: FULL TIME G PART TIME G NO. OF HOURS PER WEEK _____	
REGULAR G TEMPORARY G SUMMER EMPLOYMENT G REGISTRY G	
If accepted for employment, when would you be able to start? _____	
Many of our departments operate on a 24-hour basis, 7 days a week; because of this it may be necessary for you to work weekends, holidays, rotate shifts, and work overtime. Are you willing to meet this requirement? YES G NO G If no, indicate which shifts you will accept: Days G Evenings G Nights G Rotation G	
Will you work weekends? YES G NO G Will you work holidays? YES G NO G Will you work overtime? YES G NO G	

EDUCATION

School	Address	Circle Last Year Completed	Graduated		Degree Major
			Yes	No	
High School	_____ Street _____ City State Zip	1 2 3 4			_____ =
College/ University	_____ Street _____ City State Zip	1 2 3 4			
Other	_____ Street _____ City State Zip				

Note: All Diplomas will be verified-Please be accurate in your response as any information not accurate will be considered falsification of your application and will be cause for refusal of employment, suspension, and/or termination.

CREDENTIALS

PROFESSIONAL LICENSES			PROFESSIONAL CERTIFICATIONS		
G Currently Licensed	G Eligible for License	License or Registration <u>ever</u> Suspended, revoked or on probation?	G Currently Certified		
G Currently Registered	G Eligible for Registration	G Yes G No If yes, explain	G Eligible For Certification		
Type:	State:	Exp. Date:	Type:	State:	Exp. Date:

CLERICAL: PLEASE INDICATE SKILLS OR MACHINES YOU ARE FAMILIAR WITH

Typing _____ (Words per minute) G Switchboard G Medical Terminology G Medical Transcription G Other (Specify) _____

Computer Skills: List all software you have working knowledge of: _____

MISCELLANEOUS

Please add any comments relative to skills, experiences, or qualifications which you may feel may be pertinent to your application.

EMPLOYMENT EXPERIENCE: STARTING WITH YOUR MOST RECENT EMPLOYER

_____ COMPANY NAME _____ ADDRESS _____ CITY STATE ZIP _____ TELEPHONE BEGINNING FINAL SALARY	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">JOB TITLE</td> <td style="width:15%;">FROM</td> <td style="width:10%;">Month</td> <td style="width:15%;">Year</td> </tr> <tr> <td></td> <td>TO</td> <td>Month</td> <td>Year</td> </tr> <tr> <td>DESCRIPTION OF DUTIES</td> <td>FULL TIME</td> <td>G</td> <td>PART TIME G</td> </tr> <tr> <td>REASON FOR LEAVING</td> <td colspan="3">MAY WE CHECK THIS REFERENCE?</td> </tr> </table>	JOB TITLE	FROM	Month	Year		TO	Month	Year	DESCRIPTION OF DUTIES	FULL TIME	G	PART TIME G	REASON FOR LEAVING	MAY WE CHECK THIS REFERENCE?		
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CONDITIONS OF EMPLOYMENT

PLEASE READ THE FOLLOWING STATEMENT CAREFULLY. IT CONSTITUTES CONDITIONS UNDER WHICH YOU MAY BE EMPLOYED AND/OR CONTINUE EMPLOYMENT WITH LITTLE COMPANY OF MARY HOSPITAL AND HEALTH CARE CENTERS, AND LITTLE COMPANY OF MARY AFFILIATED SERVICES, INC.

The information I have provided is true and complete, to the best of my knowledge. I understand that any misrepresentation or willful omission of facts may be cause for refusal of employment, or if already employed, immediate suspension and/or termination. I authorize representatives of LCMH to verify any information contained in this application, unless otherwise specified. I further understand that a criminal background investigation will be done including Medicare/Medicaid sanctions. I understand that employment may be contingent on such verification. If accepted for employment, I agree to take a medical examination including a drug screening. Further I agree to comply with the policies and regulations as established by the Hospital or Affiliated Services, including presentation of legal documentation of citizenship or immigration status, birth certificate, diplomas, licenses or certificates as requested. I also understand that LCMH and LCM Affiliates are tobacco free and have policies and procedures governing such and agree to abide by those policies if I am employed. Any property carried from the Hospital, or Affiliated Services, including personal items, may be subject to inspection by a representative of the Hospital, or Affiliated Services. I understand that the Hospital, or Affiliated Services provides care to patients on a 24-hour basis, 7 days a week, consequently, I may be required to work weekends, holidays, rotate shifts and work overtime as deemed necessary by a representative of the Hospital or Affiliated Services. I also understand and agree that I will be bound on all fringe benefits as provided in the Hospital or Affiliated Services policy in accordance with any information I indicate on such forms. Upon termination of employment, I agree to return any Hospital or Affiliated Services property issued to me or allow the value of the same to be deducted from wages. Completed applications become the property of LCMH or Affiliated Services; by accepting this application the Hospital or Affiliated Services makes no commitment of employment to the applicant.

SIGNATURE _____

DATE _____