

Women's Healthcare of Illinois

9730 South Western Avenue, Suite 100
Evergreen Park, IL 60805
Phone (708) 425-1907 ♦ Fax (708) 422-4253

Employment Application

Thank you for your interest in employment at Women's Healthcare of Illinois.
Please complete and submit the following application to emilyaggen@gmail.com
or fax the completed application to 708-422-4253.

**Women's Healthcare of Illinois
Employment Applications**

Please complete all portions of the application.

Last name		First	Middle initial	Today's date
Previous/other name(s) Used				Home telephone # ()
Address				Business or Cell # ()
Position applying for:		Referred by:		Wages desired:
Have you ever interviewed with Women's Healthcare of Illinois before? <input type="checkbox"/> Yes <input type="checkbox"/> No			If yes, list date(s), job title(s) & location(s)	
Have you ever been employed by Women's Healthcare of Illinois before? <input type="checkbox"/> Yes <input type="checkbox"/> No			If yes, list date(s), job title(s) & location(s)	
Do you have any relatives/friends employed by Women's Healthcare of Illinois? <input type="checkbox"/> Yes <input type="checkbox"/> No			If yes, list date(s), job title(s) & location(s)	
Are you at least 18 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No			If under 18, do you have a work permit?	

Education

Circle highest grade completed:

High School	9	10	11	12
College, Trade or Business	1	2	3	4
Graduate Studies	_____			

School	Address	Major Studies	Degree, Diploma, License or Certificate
High School			
College/University			
Nursing School			
Vocational, Business, Other			

List nursing license, or any professional designations	Has your licensure been encumbered by any licensing body in any state? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Other special knowledge, skills or qualifications

Do you type? Yes No Do you know how to use the internet? Yes No

Computer skills (Hardware/Software)

Employment History

List all employers for the past 10 years, starting with the most recent position. All information **must** be completed. You may attach a resume, but not in place of completing the required information.

Employed From / /	Employer Name	Supervisor Name	Starting Salary
Employed Until / /	Employer Address	Supervisor Phone #	Ending Salary
Job Title		Reason for Leaving	
Duties & Responsibilities			

Employed From / /	Employer Name	Supervisor Name	Starting Salary
Employed Until / /	Employer Address	Supervisor Phone #	Ending Salary
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Employed From / /	Employer Name	Supervisor Name	Starting Salary
Employed Until / /	Employer Address	Supervisor Phone #	Ending Salary
Job Title		Reason for Leaving	
Duties & Responsibilities			

General Information

Yes No

- May we contact your current employer for references?
- If hired, will you be able to work additional week days/evenings or overtime if necessary?
- Will you be able to perform the essential job functions for the position you are applying for with or without reasonable accommodation?
- Have you ever been convicted of a crime (felony or misdemeanor), excluding summary offenses, which has not been annulled, expunged or sealed by court, or a crime that involved theft or embezzlement? (A "yes" response does not automatically disqualify your application.)

If Yes, please describe: _____

I certify that the above information is true and correct. I understand that, in the event of my employment by Women's Healthcare of Illinois, I shall be subject to dismissal if any information that I have given in this application is false or misleading or if I have failed to give any information herein requested, regardless of the time elapsed after discovery.

I authorize Women's Healthcare of Illinois to inquire into my educational, professional and past employment history references as needed to research my qualifications for this position. I hereby give my consent to any former employer to provide employment-related information about me to Women's Healthcare of Illinois and will hold Women's Healthcare of Illinois and my former employer harmless from any claim made on the basis that such information about me was provided or that any employment decision was made on the basis of such information.

I understand that nothing in this employment application, the granting of an interview or my subsequent employment with Women's Healthcare of Illinois is intended to create an employment contract between myself and Women's Healthcare of Illinois under which my employment could be terminated only for cause. On the contrary I understand and agree that, if hired, my employment will be terminable at will and may be terminated by me or Women's Healthcare of Illinois at any time and for any reason. I understand that no person has any authority to enter into any agreement contrary to the foregoing.

If employed, I will be required to provide original documents which verify my identity and right to work in the United States under the Immigration Reform and Control Act (IRCA) of 1986. The document(s) provided will be used for completion of Form I-9.

I hereby acknowledge that I have read and agree to the above statements.

Signature

Date

Women's Healthcare of Illinois is an equal opportunity/affirmative action employer. All qualified applicants will be considered without regard to age, race, color, sex, religion, nation origin, marital status, ancestry, citizenship, veteran status, sexual orientation or preference, or physical or mental disability.