Employment Application

Thank you for your interest in working with our team!
Please complete and return the following application via email to INFO@WHCILLINOIS.COM, or fax to 708-469-4315.

Employment Application

Please complete all portions of the application.

Last name First Middle initial			Today's date
Previous/other name(s) Used			Home/Cell Phone # ( )
Address City State Zip			Email Address
Position applying for:	Referred by:		Wages desired:
Have you previously interviewed with the practice? □ Yes □ No	If yes, list date(s), job title(s) & location(s)		
Have you ever been employed by the practice? □ Yes □ No	If yes, list date(s), job title(s) & location(s)		
Do you have any relatives/friends employed by the practice? □ Yes □ No	If yes, list date(s), job title(s) & location(s)		
Are you at least 18 years old? □ Yes □ 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? __Yes __ No

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/EMR)

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			

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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?

I certify that the above information is true and correct. I understand that, in the event of my employment by Evergreen Healthcare Management Services/Providea Health Partners or one of its affiliates (the Company), 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 the Company 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 the Company and will hold the Company, 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 the Company is intended to create an employment contract between myself and the Company 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 the Company 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

Evergreen Healthcare Management/Providea Health Partners, LLC 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.