



# APPLICATION FOR EMPLOYMENT

Human Resources | Direct Line 618-740-1653 | Fax 618-548-6831  
1201 Ricker Dr., Salem, Illinois 62881 | 618-548-3194 | **STHCARES.ORG**

***Our commitment is to provide excellence in health care and promote wellness for our community through compassionate care, personalized service, and teamwork.***

Salem Township Hospital (STH) is an equal opportunity provider and employer. We comply with all applicable local, state, and federal civil rights and equal employment laws and regulations. Applicants for employment are recruited and hired on the basis of merit, qualifications, previous experience, and ability to perform the available work. Salem Township Hospital does not discriminate against any qualified applicant on the basis of race, color, religion, spiritual beliefs, sexual orientation, national origin, age, gender, disability, or other characteristics protected by federal, state or local law unrelated to job requirements.

In considering your application for employment, the facility may conduct a detailed and thorough investigation which may include but is not limited to a criminal record check, interviews or inquiries of prior employers, coworkers, acquaintances, relatives or friends.

## PERSONAL INFORMATION

Full Name \_\_\_\_\_ Previous Names, including Maiden Name \_\_\_\_\_

Street Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

Position applied for: \_\_\_\_\_

Can you perform the essential functions of the position for which you are applying? *If no, please explain below.* .....  Yes  No

Long Range Occupational Goals: \_\_\_\_\_

How did you learn about the position?

Newspaper  Indeed  STH website  STH Signage  Friend  Other \_\_\_\_\_

Referred by a Salem Township Hospital Employee **(Please list the name of the employee.)** \_\_\_\_\_

Have you previously been employed at Salem Township Hospital? *If yes, when?* \_\_\_\_\_  Yes  No

Are you a U. S. Citizen or an alien legally authorized to work in the U. S.? *(Proof of identity and eligibility will be required upon employment.)*.....  Yes  No

Are you over the age of 18 years? *(If no, you may be required to provide authorization to work.)*.....  Yes  No

Do you have any relatives or friends who work for Salem Township Hospital? *If yes, please provide name(s) and relationship(s) below.* .....  Yes  No

Date available to begin work: \_\_\_\_\_

What shifts are you willing to work? *(Check all that apply.)*

Any Shift  Weekends / Holidays  On Call (PRN)  Day Shift  Evening Shift  Night Shift

Are you interested in? *(Check all that apply.)*

Full Time (72-80 hours every 2 weeks)  Part Time (30-72 hours every 2 weeks)  
 Less Than Part Time (Less than 30 hours every 2 weeks)  PRN/Float Pool (Used to fill in as needed)

Name \_\_\_\_\_ Position \_\_\_\_\_ Date \_\_\_\_\_

**EMPLOYMENT HISTORY** (List most recent position first.) \_\_\_\_\_

**Employer/Company Name** \_\_\_\_\_ **Current employer?**  Yes  No  
Street Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Supervisor \_\_\_\_\_  
Job Title \_\_\_\_\_ From: (Mo/Yr) \_\_\_\_\_ To: (Mo/Yr) \_\_\_\_\_  
Duties \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_ May we contact this employer?  Yes  No

**Employer/Company Name** \_\_\_\_\_  
Street Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Supervisor \_\_\_\_\_  
Job Title \_\_\_\_\_ From: (Mo/Yr) \_\_\_\_\_ To: (Mo/Yr) \_\_\_\_\_  
Duties \_\_\_\_\_  
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Street Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Supervisor \_\_\_\_\_  
Job Title \_\_\_\_\_ From: (Mo/Yr) \_\_\_\_\_ To: (Mo/Yr) \_\_\_\_\_  
Duties \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_ May we contact this employer?  Yes  No

**Please identify and explain any gaps in employment longer than 3 months.** \_\_\_\_\_

**EDUCATION** \_\_\_\_\_

**High school diploma or equivalent?**  Yes  No High School \_\_\_\_\_ Location \_\_\_\_\_

**College / University** \_\_\_\_\_ Location \_\_\_\_\_ Number of Years Completed \_\_\_\_\_  
Course of Study \_\_\_\_\_ Degree Received \_\_\_\_\_ Did you Graduate?  Yes  No

**College / University** \_\_\_\_\_ Location \_\_\_\_\_ Number of Years Completed \_\_\_\_\_  
Course of Study \_\_\_\_\_ Degree Received \_\_\_\_\_ Did you Graduate?  Yes  No

**Other** \_\_\_\_\_ Location \_\_\_\_\_ Number of Years Completed \_\_\_\_\_  
Course of Study \_\_\_\_\_ Degree Received \_\_\_\_\_ Did you Graduate?  Yes  No

**Other courses, seminars, or trainings relevant to position:** \_\_\_\_\_

**PROFESSIONAL LICENSES**  Currently Licensed  Eligible for License License ever suspended, revoked or placed on probation?  Yes  No

Type of Professional License \_\_\_\_\_ State \_\_\_\_\_  
Type of Professional License \_\_\_\_\_ State \_\_\_\_\_

**PROFESSIONAL CERTIFICATES**  Currently Certified  Eligible for Certification

Type of Professional Certificate \_\_\_\_\_ State \_\_\_\_\_  
Type of Professional Certificate \_\_\_\_\_ State \_\_\_\_\_

**MILITARY OR VOLUNTEER SERVICE** (Briefly describe duties and skill acquired through military or volunteer service.)

\_\_\_\_\_  
\_\_\_\_\_

**REFERENCES** (List at least three (3) professional, work, or school references who are not relatives or personal acquaintances.)

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_  
Company \_\_\_\_\_ Title \_\_\_\_\_ Email \_\_\_\_\_  
Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_  
Company \_\_\_\_\_ Title \_\_\_\_\_ Email \_\_\_\_\_  
Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_  
Company \_\_\_\_\_ Title \_\_\_\_\_ Email \_\_\_\_\_

I hereby affirm that the information provided on this application (and accompanying resume, if any) is true and complete. I understand that any false or misleading representations or omissions made on the application or during the hiring process may disqualify me from further consideration for employment and may result in discharge even if discovered at a later date. I understand that employment may be conditioned upon successfully passing a medical examination and that I may be required to satisfactorily complete a drug screening as a condition of employment. I hereby authorize persons, schools, my current employer (if applicable) and previous employers and other organizations to provide this facility and its affiliates with any requested information regarding my application or suitability for employment, and I completely release all such persons or entities from any and all liability related to the providing or use of such information. I understand that my employment is at-will which means that I may terminate the employment relationship at any time and for any reason with or without notice, and that the facility has the same right. I understand that no one has the authority to enter into any agreement contrary to the preceding sentence, except for written agreement signed by an administrative representative of this facility and notarized.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_