



Application for Employment

Ferrell Hospital
DEACONESS ILLINOIS PARTNER

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Date Available: _____ Desired Salary: \$ _____

Position Applied for: _____

Do you have any relatives currently employed at Ferrell Hospital? YES NO If yes, what department? _____

Have you ever worked for this company? YES NO If yes, when? _____

Education

High School: _____ Address: _____

of years completed: _____ Did you graduate? YES NO Diploma: _____

College: _____ Address: _____

of years completed: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

of years completed: _____ Did you graduate? YES NO Degree: _____

References

Please list three professional references. (Do not list any relatives as your reference.)

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Previous Employment

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____
Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____
May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____
Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____
May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____
Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____
May we contact your previous supervisor for a reference? YES NO

Please explain any gaps in your employment history:

Are you currently excluded, expended, suspended, debarred or terminated from participation in any federal healthcare programs?

YES NO

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain:

Licenses/Certifications

License: _____ State: _____ ID Number: _____

License: _____ State: _____ ID Number: _____

License: _____ State: _____ ID Number: _____

Have you ever had a disciplinary action against your license:

YES NO

Remarks

Please make any comments that you feel are important to your application.

Disclaimer and Signature

The responses provided in this application are true and correct. I have not withheld any information that might adversely affect my application for employment. I understand that any omissions, false or misleading statements will be considered just cause for immediate dismissal. I hereby authorize Ferrell Hospital, without liability, to contact prior employers and /or reference provided in this application. I understand that satisfactory information must be received from these sources before an offer or employment can be made. In accordance with Ferrell Hospital policy, I authorize Ferrell Hospital to provide subsequent employers with my position title and dates of employment. If an offer of employment is extended, I agree to submit to a medical examination, drug test, criminal background check and verification of eligibility to participate in federal healthcare programs. I understand that any offer of employment is contingent upon receipt of acceptable results from each of these. I acknowledge that this is not an expressed or implied contract for employment. I understand and agree that, if hired, my employment will be at will, which means employment is for an indefinite period of time and may be terminated by myself or Ferrell Hospital at any time, with or without cause, and with or without notice. In signing this application, I certify that I have read and understand the paragraph above. I certify that my answers are true and complete to the best of my knowledge and I understand that any falsification or omission of information by me may disqualify me from further consideration of employment or, if hired, may result in my termination at any time during the period of my employment regardless of the amount of time that has passed.

Signature: _____ Date: _____

Ferrell Hospital provides equal employment opportunities (EEO) to all employees and applicants for employment without regard to race, color, religion, gender, sexual orientation, gender identity or expression, national origin, age, disability, veteran status, or genetics. In addition to federal law requirements, Ferrell Hospital complies with applicable state and local laws governing nondiscrimination in employment in every location in which the company has facilities. This policy applies to all terms and conditions of employment, including recruiting, hiring, placement, promotion, termination, layoff, recall, transfer, leaves of absence, compensation and training. Ferrell Hospital expressly prohibits any form of workplace harassment based on race, color, religion, gender, sexual orientation, gender identity or expression, national origin, age, genetic information, disability, or veteran status. Improper interference with the ability of Ferrell Hospital's employees to perform their job duties may result in discipline up to and including discharge.



Equal Employment Opportunity Affirmative Action Information

Ferrell Hospital requests your voluntary cooperation in the completion of this form for Equal Employment Opportunity and Affirmative Action information. All information is confidential and will not be placed with your application for employment.

This portion will be separated from this application immediately upon receipt in the Human Resources department.

Print Name: _____

Sex: Male Female

How were you referred to Ferrell Hospital? Please check one

- Ferrell Hospital Website
- Job Openings List
- Social Media (Facebook, Instagram, etc.)
- Job Fair
- Newspaper
- Website: _____
- Employee referral: _____

Race/Ethnicity (please check one):

- White
- Black or African American
- Hispanic or Latino
- Native Hawaiian or Pacific Islander
- Asian
- Native American or Alaska Native
- Two or more races