



South Shore Hospital
 8012 S. Crandon Avenue
 Chicago, IL 60617
 Phone: 773-356-5000 Fax: 773-356-5150

Employment Application

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, medical or handicap condition or any other legally protected status unrelated to the ability to perform the required work.

Position Applied for: _____ Date: _____

Referral Source: Advertisement Employee Relative Government Employment Agency
 Walk-in Private Employment Agency Other

Name of Source (if applicable): _____

Applicant Information

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

Address: _____ Apt/Unit #: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Emergency Contact Name: _____ Emergency Contact # _____

Type of Employment Desired: Full Time Part Time Temporary On Call

Shift Desired: 1st Shift 2nd Shift 3rd Shift Will you work overtime if required? Yes No

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

(Proof of U.S. Citizenship or immigration status will be required upon employment)

If you are under 18, can you furnish a work permit? YES NO

Have you filed an application here before? YES NO If yes, when? _____

Have you ever been employed here before? YES NO If yes, when? _____

Have you ever been convicted of a felony? YES NO

If yes, please explain: _____

Education

Elementary: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College/Univ: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Employment History

Employer: _____ Phone: _____

Address: _____

Supervisor: _____ Job Title: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Employer: _____ Phone: _____

Address: _____

Supervisor: _____ Job Title: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Employer: _____ Phone: _____

Address: _____

Supervisor: _____ Job Title: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Professional Licenses – Registrations - Certifications

License Type: _____ Organization or State Issued: _____

Are you currently registered? _____ Date: _____

Will take board examination: _____ Date: _____

Are you eligible for registry? _____ Date: _____

Specialized Office & Equipment Skills

Please list office equipment that you are capable of utilizing: _____

Are you knowledgeable with Microsoft Word, Excel & Outlook? YES NO

Please list equipment that you can operate: _____

Please Read Carefully Before Signing

It is understood and agreed upon that any misrepresentation by me on this application will be sufficient cause for cancellation of this application and/or separation from the employer's service if I have been employed.

I certify that the information provided is true and complete. I understand that false or misleading information given in my employment application, interview(s) or this form will render my application void and will be just cause for termination in the event of my employment. I also authorize you to make a criminal background investigation and other such investigations as are necessary in arriving at an employment decision.

I understand that just as I am free to resign at any time, the employer reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no representative of the employer has the authority to make any assurances to the contrary.

I understand it is this Hospital's policy not to refuse to hire a qualified individual with a disability because of this person's need for an accommodation that would be required by the American Disabilities Act (ADA).

Signature of Applicant: _____ Date: _____