



**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: \_\_\_\_\_ SSN: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Emergency Contact # \_\_\_\_\_

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

Shift Desired:  1<sup>st</sup> Shift     2<sup>nd</sup> Shift     3<sup>rd</sup> 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: \_\_\_\_\_