

PERSONAL INFORMATION *continued*

Have you ever been convicted of a crime, including a misdemeanor? Yes No

Please be advised that you are not required to disclose any arrest which did not lead to a conviction. In addition, you are not required to disclose sealed or expunged records of conviction.

If yes, please list the date and types of conviction for each instance: _____

(Convictions will not automatically disqualify job candidates. The seriousness of the crime and date of conviction will be considered.)

If applicable, do you have a current Health Care Worker Waiver from the Illinois Department of Public Health? Yes No

Are you able to perform the essential functions of the job for which you are applying with or without reasonable accommodation? Yes No

In order to verify educational records and references, please list any other names you have used: _____

EDUCATION

Level	School Name/Address (include city and state)	Number of Years Attended	Course of Study	Diploma/Degree Earned
High				
College				
College				
Graduate				
Professional				

ADDITIONAL SKILLS AND QUALIFICATIONS

List any additional skills, experience or other qualifications which you would like to have considered in your application for employment (include vocational training, military experience and/or continuing clinical/technical speciality training):

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REGISTRATION/LICENSURE/ CERTIFICATION

(Please check all that apply.)

	Type	State Issued/Exp. Date	Number
<input type="checkbox"/>	Registration		
<input type="checkbox"/>	License		
<input type="checkbox"/>	License		
<input type="checkbox"/>	Certification		
<input type="checkbox"/>	Certification		

EMPLOYMENT HISTORY

Begin with your most recent employment and continue in reverse order with all your past employment. (Attach an additional sheet if necessary.)
We will assume that we have your permission to contact these employers unless you indicate otherwise. Please attach a resume if available.

Position:	Job Duties:	Salary:
Employer:		Start Date:
Employer Address:	Reason for leaving:	End Date:
Phone Number:	Supervisor Name and Title:	

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Employer:		Start Date:
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Employer:		Start Date:
Employer Address:	Reason for leaving:	End Date:
Phone Number:	Supervisor Name and Title:	

Position:	Job Duties:	Salary:
Employer:		Start Date:
Employer Address:	Reason for leaving:	End Date:
Phone Number:	Supervisor Name and Title:	

Have you ever been discharged by an employer or asked to resign? Yes No

If yes, please explain: _____

Please explain any periods during which you experienced a break in employment: _____

Mercy Values Assessment

Mercy Hospital and Medical Center is committed to its values. The following Values Statement represents our commitment to quality care. As a prospective employee, you will be expected to commit to living out the values of Mercy Hospital and Medical Center.

C.A.R.E.S.

Compassion

We are committed to responding to the needs of those we serve with kindness and empathy.

Accountability

We are responsible for conserving and developing Mercy’s human, material and financial resources.

Respect

We believe in treating everyone with the dignity and respect due them as human beings, affirming the principles of honesty, integrity, openness and good faith.

Excellence

We call one another to be the best that we can be.

Service

We strive to create a healing environment of hospitality and quality care.

Please respond to the questions below.

Which value most accurately describes you? Why?

Give a recent example, in your previous experience, of how a set of values helped you to deliver high quality service.

PROFESSIONAL REFERENCES

Name	Professional Relationship	Company	Current Phone Number (include area code)
	<input type="checkbox"/> Supervisor <input type="checkbox"/> Co-worker		
	<input type="checkbox"/> Supervisor <input type="checkbox"/> Co-worker		
	<input type="checkbox"/> Supervisor <input type="checkbox"/> Co-worker		

NOTICE TO ALL APPLICANTS

Proof of citizenship or authorization for employment in the United States is required in accordance with the law.

I certify that the information provided in this Employment Application (and any other accompanying or required documents) is true and correct to the best of my knowledge. I understand that any misrepresentation, omission or falsification of information contained in these documents will be cause for the denial of employment or immediate termination of employment, regardless of when or how discovered, and will constitute grounds for immediate dismissal from any subsequent employment at Mercy Hospital and Medical Center.

I understand that this application does not constitute an employment contract or an offer of employment. If hired, I agree to conform to the rules and regulations of Mercy Hospital and Medical Center and understand that if employed, my employment is at will and can be terminated at any time, with or without cause and with or without notice, at the option of either Mercy Hospital and Medical Center or myself. In further consideration of my employment at Mercy Hospital and Medical Center, I understand and agree to submit to a reference and criminal background check and understand that my future employment is contingent upon receiving satisfactory results. I further understand and agree that if I am offered employment, it will be contingent upon meeting the physical requirements of the position for which I am applying.

I hereby authorize persons, schools, my current employer (if applicable) and/or previous employers named in this application (and accompanying resume) to provide Mercy Hospital and Medical Center with any relevant information used in making an employment decision, and I release all individuals, partnerships, associations and/or corporations from any liability regarding the use of such information.

I certify that I have read and understand the foregoing paragraphs.

Signature of Applicant

Date

To be completed by Department Manager upon hire			To be completed by Human Resources after hire	
Position Title:			Occupation Code:	
Requisition Number:			Status:	
Department Name:			FTE:	
Cost Center Number:			Badge Number:	
Offer Date:			Hire Date:	
Hourly Rate/ Salary:		Work Rule:	Date Entered into Lawson:	
Hiring Manager Signature:			Human Resources Initials:	