



Hallmark House Nursing Center  
 2501 Allentown Road  
 Pekin, IL 61554

## Application for Employment

(Please Print Clearly)

### Personal Information

Date of Application \_\_\_\_\_ Date Available \_\_\_\_\_

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_  
Last First Middle

Present Address \_\_\_\_\_ Phone Number \_\_\_\_\_  
Street City State Zip Code

Permanent Address \_\_\_\_\_ Phone Number \_\_\_\_\_  
(If different than Present Address) Street City State Zip Code

If you cannot be reached at above phone number, where may we contact you?  
 Name of Person \_\_\_\_\_  
 Phone Number \_\_\_\_\_

### Employment Desired

Type of Work Desired	Shift	Salary
First Choice		
Second Choice		
Third Choice		

Will you accept employment of: Full Time? \_\_\_\_\_ Part Time? \_\_\_\_\_  
 \_\_\_\_\_ Temporary? \_\_\_\_\_

Are you 18 years of age or older? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you currently employed? \_\_\_\_\_ Yes \_\_\_\_\_ No

How did you learn of this opening? \_\_\_\_\_

May we contact your present employer? \_\_\_\_\_ Yes \_\_\_\_\_ No

### Professional Licenses and/or Certifications

Type	Organization/State Issued	Date Issued	Number	Verif.
Type	Organization/State Issued	Date Issued	Number	Verif.
Type	Organization/State Issued	Date Issued	Number	Verif.



## Employment Record (list last or present position first)

Present and Former Employers	Dates Employed	Salary Range	Position and Duties
Name _____	From	Starting	
Address _____			
City / State / Zip _____			
Supervisor _____	To	Ending	
Phone Number _____			
Name _____	From	Starting	
Address _____			
City / State / Zip _____			
Supervisor _____	To	Ending	
Phone Number _____			
Name _____	From	Starting	
Address _____			
City / State / Zip _____			
Supervisor _____	To	Ending	
Phone Number _____			
Name _____	From	Starting	
Address _____			
City / State / Zip _____			
Supervisor _____	To	Ending	
Phone Number _____			
Name _____	From	Starting	
Address _____			
City / State / Zip _____			
Supervisor _____	To	Ending	
Phone Number _____			
Name _____	From	Starting	
Address _____			
City / State / Zip _____			
Supervisor _____	To	Ending	
Phone Number _____			

If your former employment references, education, or military service are under a name other than indicated on front of application, please indicate below.

Last

First

Middle

Use this space to give us further information which will assist us in placing you, including at least two (2) personal references not related to you, whom you have known at least one year.

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## Employment Understanding (Please Read and Sign)

This institution does not discriminate in hiring or any other decision on the basis of race, color, sex, citizenship, marital status, national origin, ancestry, Vietnam era veteran status, or on the basis of age or physical or mental disability unrelated to ability to perform the work required. No question on this application is intended to secure information to be used for such discrimination.

I voluntarily give this institution the right to make a thorough investigation of my past employment and activities, agree to cooperate in such investigation and release from all liability or responsibility all persons, companies, or corporations supplying such information. I consent to take the physical examination, and such future physical examinations as may be required by this institution at such times and places as the institution shall designate. I understand that an offer of employment may be contingent on passing the physical examination, back evaluation, drug screen, and background check, which related to the essential duties I would be required to perform.

I understand that my employment is at will, and that either party is free to terminate the employment relationship at any time without cause. I also understand that my employment may be terminated for any misstatement or omission of fact appearing on this application form.

If employed, I will be require to complete an Employment Verification Form (I-9), and within three (3) days show satisfactory evidence of identity and eligibility for employment.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

### Availability Record

Please Indicate Days and Hours You Are Available for Work  
(Be Specific)

Day	From	To
<b>Sunday</b>	A.M.	A.M.
	P.M.	P.M.
<b>Monday</b>	A.M.	A.M.
	P.M.	P.M.
<b>Tuesday</b>	A.M.	A.M.
	P.M.	P.M.
<b>Wednesday</b>	A.M.	A.M.
	P.M.	P.M.
<b>Thursday</b>	A.M.	A.M.
	P.M.	P.M.
<b>Friday</b>	A.M.	A.M.
	P.M.	P.M.
<b>Saturday</b>	A.M.	A.M.
	P.M.	P.M.

Primary Position desired \_\_\_\_\_

Will you accept another position?       Yes     No

If so, what? \_\_\_\_\_

Are you available to work:      Weekends?       Yes     No

Holidays?       Yes     No

Rotating Shifts?       Yes     No

Do you limit your annual earnings due to Social Security or other reasons?

Yes     No

If yes, please state the maximum amount you wish to earn

If your availability changes, it is your responsibility to fill in an "Availability Card" indicating the changes. Such changes will be effective, then, for any future employment.

I understand that emergency conditions may require me to temporarily work shifts other than the one for which I am applying and agree to such scheduling changes as directed by my department head or administrator of this institution.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date