

Union Health Service, Inc. Employment Application



UHS is an equal opportunity employer and does not discriminate against otherwise qualified applicants on the basis of race, color, creed, religion, ancestry, age, sex, marital status, national origin, disability or handicap, or veteran status.

PERSONAL:

Name _____ Date _____
Last First Middle

Address _____
Number & Street City State Zip Code

Position Sought _____ Please mark: Full Time Part Time

Date Available _____ Salary Desired _____ Phone Number _____

Social Security Number _____ Are you over 18 years old? Yes No

Are you legally eligible for employment in the United States? Yes No
(If offered employment, you will be required to provide documentation to verify eligibility.)

EDUCATION: Please indicate education or training which you believe qualifies you for the position you are seeking.

High School: No. of Years Completed (circle one) 1 2 3 4

Diploma: Yes No **G.E.D.:** Yes No

School(s) _____ City/State _____

College and/or Vocational School:

Number of Years Completed (circle one) 1 2 3 4

School(s) _____ City/State _____

Major _____ Degrees Earned _____

Other Training or Degrees:

School(s) _____ City/State _____

Courses _____ Degree or Certificate Earned _____

PROFESSIONAL LICENSE OR MEMBERSHIP:

Type of License(s) Held _____

State of Illinois License Number _____

License Expiration Date _____

Other Professional Memberships _____

(You need not disclose membership in professional organizations that may reveal information regarding race, color, creed, sex, religion, national origin, ancestry, age, disability, marital status, veteran status or any other protected status.)

SKILLS: Describe any specialized training, apprenticeship, skills and extra-curricular activities:

EMPLOYMENT: List last employer first, including U.S. Military Service.

May we contact your present employer? ____ Yes ____ No

If any employment was under a different name, indicate name _____

Employer _____

Address _____

Telephone _____ Position _____

Dates of Employment: From _____ To _____
Mo/Yr Mo/Yr

Salary _____ Supervisor _____ Department _____

Duties _____ FT __ PT __ No. of Hrs. _____

Reason for Leaving _____

May we contact this employer? ____ Yes ____ No

If any employment was under a different name, indicate name _____

Employer _____

Address _____

Telephone _____ Position _____

Dates of Employment: From _____ To _____
Mo/Yr Mo/Yr

Salary _____ Supervisor _____ Department _____

Duties _____ FT __ PT __ No. of Hrs. _____

Reason for Leaving _____

May we contact this employer? ____ Yes ____ No

If any employment was under a different name, indicate name _____

Employer _____

Address _____

Telephone _____ Position _____

Dates of Employment: From _____ To _____
Mo/Yr Mo/Yr

Salary _____ Supervisor _____ Department _____

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Reason for Leaving _____

If you wish to describe additional work experience, attach the above information for each position on the last page of this application.

Explain any gaps in work history: _____

Have you ever been discharged or asked to resign from a job? __Yes __No

If yes, please explain: _____

REFERENCES:

Professional

Name _____

Address _____

Personal

Name _____

Address _____

Phone (____)_____

Name _____

Address _____

Phone (____)_____

Phone (____)_____

Name _____

Address _____

Phone (____)_____

APPLICANT'S CERTIFICATION AND AGREEMENT

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge and authorize Union Health Service, Inc. to verify their accuracy and to obtain reference information on my work performance. I hereby release UHS from any/all liability of whatever kind and nature which, at any time, could result from obtaining and having an employment decision based on such information.

I understand that, if employed, falsified statements of any kind or omissions of facts called for on this application shall be considered sufficient basis for dismissal.

I understand that should an employment offer be extended to me and accepted that I will fully adhere to the policies, rules and regulations of employment of the Employer. However, I further understand that neither the policies, rules, regulations of employment nor anything said during the interview process shall be deemed to constitute the terms of an implied employment contract. I understand that any employment offered is for an indefinite duration and at will and that either I or the Employer may terminate my employment at any time with or without notice or cause.

Signature of Applicant _____ Date: _____

This application for employment is good for 60 days only. Consideration for employment after 60 days requires a new application.

TO BE COMPLETED AFTER EMPLOYED (BY UHS HUMAN RESOURCES DEPARTMENT)

START DATE: _____ POSITION: _____

Starting Salary: _____ Department: _____

References checked? _____ Yes _____ No

Additional Information needed:

Comments on Interview: (supervisor or manager to fill out)

ADDITIONAL WORK EXPERIENCES: Please use this to make multiple copies.

Employer _____

Address _____

Telephone _____ Position _____

Dates of Employment: From _____ To _____
Mo/Yr Mo/Yr

Salary _____ Supervisor _____ Department _____

Duties _____ FT __ PT __ No. of Hrs. _____

Reason for Leaving _____

Employer _____

Address _____

Telephone _____ Position _____

Dates of Employment: From _____ To _____
Mo/Yr Mo/Yr

Salary _____ Supervisor _____ Department _____

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Employer _____

Address _____

Telephone _____ Position _____

Dates of Employment: From _____ To _____
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Salary _____ Supervisor _____ Department _____

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Reason for Leaving _____