



**APPLICATION FOR EMPLOYMENT
CHAMPAIGN COUNTY NURSING HOME**
500 South Art Bartell Rd · Urbana, IL 61802-2888
(217) 384-3784 phone · (217) 337-0120 fax

APPLICATION

Position(s) Applying For: _____

Hours and Shift desired:

Full Time Part Time Permanent Temporary (as needed) Day Shift Evening Night

Last Name _____ First _____ Middle _____

Address Street _____ City _____ State _____ Zip Code _____

Telephone No. _____ Social Security No. _____

Date of Birth: _____ Email: _____

Marital Status: _____

Please state any other names under which you have been employed _____

Previous addresses in the past 2 years (List most recent first)

1. _____
2. _____
3. _____

Have you ever **applied for employment** at Champaign County Nursing Home before? Yes No

If yes, please give approximate dates _____

Have you ever **worked** at Champaign County Nursing Home before? Yes No

If yes, please give approximate dates _____

Briefly describe your long-term career/occupational goals: _____

Are you willing to undergo a pre-employment physical exam? Yes No

State date of birth **if under 18**: _____

Have you ever been convicted of any offense other than a minor traffic violation? Yes No

If yes, please explain fully _____

Are you legally eligible for employment in the United States? Yes No

If yes, you will be required to verify your identity and employment authorization in the event you are hired.

Have you ever been terminated from a job? Yes No

Date available for work? _____ Do you have any commitments to another employer which might affect your employment with us? Yes No

Salary Requirement: _____

Champaign County Nursing Home is an equal opportunity employer and does not discriminate on the basis of race, color, religion, sex, age, national origin, disability or any other protected status in accordance with applicable local, state and federal laws.

EDUCATION AND SKILLS

School	Name/Address of School	Course of Study	Years Attended	Diploma/Degree
HIGH				
COLLEGE				
OTHER				

Special Training or Qualifications: _____

Area of Specialization or Major Interest: _____

PROFESSIONAL LICENSES AND/OR CERTIFICATIONS

Are you currently – Check one: Registered Licensed Certified Year _____

If licensed or registered:

State Issued _____ Date Issued _____ Number _____ Date of Expiration _____

If a Certified Nurse Assistant, list school _____

Month and year of state competency exam _____

EMPLOYMENT EXPERIENCE (Complete this section, even if including résumé.)

List all employment, both part-time and full-time jobs. Start with present or last job (include military experience). Supplemental sheets are available for listing additional job experiences.

PRESENT EMPLOYMENT (or last job)

Company Name	Telephone () -
City and State	Employed (state mo. and year) From To
Name of Supervisor	Salary Start Last
State job title and describe your work	Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Hrs/wk _____
	Reason for Leaving:

May we conduct a detailed reference check & contact this employer? Yes No

PREVIOUS EMPLOYMENT

Company Name	Telephone () -
City and State	Employed (state mo. and year) From To
Name of Supervisor	Salary Start Last
State job title and describe your work	Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Hrs/wk _____
	Reason for Leaving:

May we conduct a detailed reference check & contact this employer? Yes No

PREVIOUS EMPLOYMENT cont.

Company Name	Telephone () -
City and State	Employed (state mo. and year) From To
Name of Supervisor	Salary Start Last
State job title and describe your work	Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Hrs/wk _____
	Reason for Leaving:

May we conduct a detailed reference check & contact this employer? Yes No

Company Name	Telephone () -
City and State	Employed (state mo. and year) From To
Name of Supervisor	Salary Start Last
State job title and describe your work	Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Hrs/wk _____
	Reason for Leaving:

May we conduct a detailed reference check & contact this employer? Yes No

Company Name	Telephone () -
City and State	Employed (state mo. and year) From To
Name of Supervisor	Salary Start Last
State job title and describe your work	Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Hrs/wk _____
	Reason for Leaving:

May we conduct a detailed reference check & contact this employer? Yes No

Company Name	Telephone () -
City and State	Employed (state mo. and year) From To
Name of Supervisor	Salary Start Last
State job title and describe your work	Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Hrs/wk _____
	Reason for Leaving:

May we conduct a detailed reference check & contact this employer? Yes No

Describe any additional experience you possess related to the position you are applying for.

Résumé and/or supplemental sheets may be attached if necessary.

Dates: _____

REFERENCES

List references who are not relatives and not employees of CCNH.

Name	Company & Address	Present Title	Phone #

ALL APPLICANTS MUST READ AND SIGN BELOW

I hereby authorize the release of any employment data relevant to my employment with Champaign County Nursing Home (CCNH), for the purpose of employment investigation. I authorize CCNH to investigate my background, and hereby release all persons from any liability due to furnishing such information. I hereby affirm that the information provided on this application is true and complete to the best of my knowledge and agree that falsified information or significant omissions may disqualify me from further consideration for employment and may be considered justification for dismissal if discovered at a later date.

Beginning January 1, 1996, Illinois Nursing Homes are required to complete a criminal background check for all persons hired for positions involving direct patient care. It is CCNH policy to conduct background checks on all persons hired regardless of position. (Background checks for nurses are completed by the Illinois Department of Professional Regulation.)

Applicants may be hired conditionally for three months pending return receipt of the criminal record report from the Illinois State Police. Applicants hired conditionally will be terminated should the criminal record report indicate a conviction for any criminal offenses listed in Section 25 of the Health Care Worker Background Check Act (225 ILCS 46/25). (See Human Resources for a complete listing.)

Applicants possessing a criminal conviction record should discuss the circumstances with their Department Head or the HR Director to determine if a waiver is authorized. Factors which can be taken into consideration include the age at which the crime was committed, the length of time since the conviction, the applicant's work history since the conviction, or any evidence which demonstrates that the employee does not pose a threat to residents or clients.

Employees may obtain a copy of the report from Human Resources to check for accuracy.

I understand that any offer of employment is conditional upon 1) a satisfactory criminal background check, and have reported the circumstances regarding convictions to the employer; 2) a complete medical examination and drug and alcohol screen and 3) satisfactory reference checks.

Date _____ Signature of Applicant _____

HUMAN RESOURCES USE ONLY

Department: _____ Job Title: _____ Shift: _____

Physical Date: _____ Starting Date: _____

Orientation Date (if different from starting date) _____ Rehire: Yes No

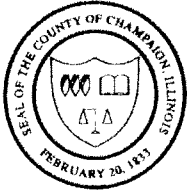
Status: Full Time Part Time PRN Hourly Rate \$ _____

Full time/no benefits Part Time/no benefits Differential Rate \$ _____

Comments: _____

Date _____ Signature of HR Director _____

Reference Registry/IDPR Background Check HRMS I-9 New Hire Paperwork



CHAMPAIGN COUNTY

RETURN FORM TO:
CHAMPAIGN COUNTY NURSING HOME
ATTN: HUMAN RESOURCES/EEO
500 S. ART BARTELL ROAD
URBANA, IL 61802

Website: www.co.champaign.il.us

EQUAL EMPLOYMENT OPPORTUNITY INFORMATION REQUEST

Champaign County is required by Federal Law to request and maintain data on all applicants for employment. This data provides information necessary to monitor our compliance with Equal Employment Opportunity requirements. The information requested will not be considered as part of the application for employment. It will be separated from the application.

POSITION APPLYING FOR: _____

NAME: _____ DATE: _____

ADDRESS: _____

GENDER: FEMALE _____ MALE _____

DATE OF BIRTH: _____

RACIAL/ETHNIC DATA (check the ONE with which you identify)

- _____ **Caucasian** – Not of Hispanic origin. Persons having origins in any of the original people of Europe, North Africa or the Middle East.
- _____ **African-American** – Not of Hispanic origin. Persons having origins in any of the black racial peoples of Africa.
- _____ **Asian or Pacific Islander** – Persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands, and Samoa.
- _____ **Hispanic**. – Persons of Mexican, Puerto Rican, Cuban, Central and South American or Spanish culture of origin, regardless of race.
- _____ **Native American or Alaskan Native** – Persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliations or community recognition.

HANDICAP AND VETERAN STATUS (check as many as apply)

- _____ **Special Disabled Veteran** – Any Veteran who (a) is entitled to compensation by the Veteran’s Administration for a disability rated at 30 percent or more, or (b) was discharged or released from active duty by reason of service connected disability.
- _____ **Vietnam Era Veteran** – Any Veteran of the Armed Services who (a) served on active duty for at least 181 days, any part of which occurred between August 5, 1964 and May 7, 1975, and was discharged or released there from with other than a dishonorable discharge, or (b) was released from active duty for a service-connected disability if any part of such active duty was performed between August 5, 1964 and May 7, 1975.
- _____ **Handicap** – “Handicapped person” means any individual who has a physical or mental impairment which substantially limits one or more major life activities, has a record of, or is regarded as having such an impairment.

HOW DID YOU FIND OUT ABOUT THIS JOB?

- _____ Newspaper: _____
- _____ School or College: _____
- _____ Friend or Relative working for the County
- _____ Friend or Relative NOT employed by County
- _____ County Website
- _____ Other (specify): _____



Illinois Department of Public Health
 Health Care Worker Registry, 525 W. Jefferson St., Springfield, IL 62761 Phone: (217) 785-5133

Health Care Worker Background Check

Disclosure and Authorization for Criminal History Records Check

I hereby authorize the Illinois Department of Public Health (IDPH), IDPH's designee that train or test health care workers, staffing agency, or the health care employer to request a criminal history records check and I further authorize the Illinois State Police (ISP) to release information relative to the existence or non existence of any criminal record which it might have concerning me to the requestor solely to determine my suitability for employment or continued employment. I further authorize any agency which maintains records relating to me to provide same on request to the ISP or IDPH. I certify that the ISP and any agency, including IDPH, their employees or officers who furnish this information shall be held harmless from any and all liability which may be incurred as a result of releasing such information. I further acknowledge that a health care employer shall not be liable for the failure to hire or to retain an applicant or employee who has been convicted of committing or attempting to commit one or more of the offenses stated in the Health Care Worker Background Check Act (225 ILCS 46/25)

I understand that any false statements or deliberate omissions on this document may be grounds for disqualification from employment or, if discovered after employment begins, could result in discipline up to and including my termination of employment.

I understand that the information requested below regarding sex, race, height, eye color, and date of birth is for the sole purpose of identification and the gathering of the above-mentioned information about me accurately, and that it will not be used to discriminate against me in violation of the law. I understand that the provision of my social security number is required by law. A facsimile or photographic copy of this authorization will be as valid as the original.

First Name _____ Full Middle Name _____ Last Name _____

Mailing Address _____

Physical Address if different _____

Other Names Used: _____ Telephone _____ - -

States Where You Have Lived? _____

Male Female Date of Birth _____ Height _____ Eye Color _____ Social Security Number _____ - -

- Race
- A** Chinese, Japanese, Filipino, Korean, Polynesian, Indian, Indonesian, Asian Indian, Samoan, or any other Pacific Islander.
 - B** Black or African American (Not Hispanic or Latino)
 - H** Hispanic or Latino (Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin)
 - I** American Indian, Eskimo, or Alaskan native, or a person having origins in any of the 48 contiguous states of the United States or Alaska who maintains cultural identification through tribal affiliation or community recognition.
 - U** Of undeterminable race. Of Untold mixture.
 - W** Caucasian (not Hispanic or Latino)

Have you ever had an administrative finding of Abuse, Neglect, or Theft? Yes No If "Yes", give full details and state. Continue on back if more space is needed.

Have you ever been convicted of a criminal offense other than a minor traffic violation (do not include convictions that have been expunged, sealed or adjudicated delinquent)? Yes No If "Yes", give full details of each offense and the state in which convicted. Continue on back if more space is needed.

I certify that the above is true and correct and give my consent for my name to appear on IDPH's Health Care Worker Registry as a result of this criminal history records check:

(Signature) (Date)

As the parent or guardian of the above named individual, who is under the age of seventeen, I give my consent for this named individual to have a criminal history records check.

(Signature of Parent or Guardian when applicable) (Date)