



## Employment Application Form

Position Applied For: \_\_\_\_\_

Date of Application: \_\_\_\_\_

---

### Personal Information

- Full Name: \_\_\_\_\_
  - Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_
  - Phone Number: \_\_\_\_\_
  - Email Address: \_\_\_\_\_
  - Date of Birth: \_\_\_\_\_
- 

### Employment Eligibility

1. Are you legally authorized to work in the United States? **Yes / No**
  2. Will you now or in the future require sponsorship for employment visa status? **Yes / No**
- 

### Licensure and Certifications

- Are you licensed or certified in Illinois as a health care worker? **Yes / No**  
If yes:
    - License/Certification Type: \_\_\_\_\_
    - License Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_
  - CPR Certification: **Yes / No** Expiration Date: \_\_\_\_\_
  - Additional Certifications: \_\_\_\_\_
-

## Education

1. School Name: \_\_\_\_\_ Location: \_\_\_\_\_  
Degree/Diploma: \_\_\_\_\_ Graduation Date: \_\_\_\_\_
  2. School Name: \_\_\_\_\_ Location: \_\_\_\_\_  
Degree/Diploma: \_\_\_\_\_ Graduation Date: \_\_\_\_\_
- 

## Employment History

### Current or Most Recent Employer:

- Employer Name: \_\_\_\_\_
- Position Held: \_\_\_\_\_
- Start Date: \_\_\_\_\_ End Date (if applicable): \_\_\_\_\_
- Supervisor Name and Contact Information: \_\_\_\_\_
- Reason for Leaving: \_\_\_\_\_

### Previous Employer:

- Employer Name: \_\_\_\_\_
  - Position Held: \_\_\_\_\_
  - Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_
  - Supervisor Name and Contact Information: \_\_\_\_\_
  - Reason for Leaving: \_\_\_\_\_
- 

## Health Screening and Background

1. Have you completed a tuberculosis (TB) test in the last 12 months? Yes / No
    - If yes, provide date and results: \_\_\_\_\_
  2. Are you willing to undergo a health screening and background check as required by Illinois law? Yes / No
  3. Have you ever been convicted of a felony or misdemeanor? Yes / No
    - If yes, please explain: \_\_\_\_\_
- 

## Expected Hourly Rate

- What is your expected hourly rate for this position? \_\_\_\_\_
-

## References

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone  
Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone  
Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

3. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone  
Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

---

## Acknowledgment and Authorization

I certify that all information provided in this application is true and complete to the best of my knowledge. I understand that false or misleading information may disqualify me from employment or result in termination if discovered at a later date.

I authorize the employer to verify all information provided, including contacting my references, previous employers, and performing background checks as required.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_