

Knox County Nursing Home
North Market Street, Knoxville, Illinois 61448
Telephone (309) 289-2338 Fax (309) 289-8384

COUNTY OF KNOX
AN EQUAL OPPORTUNITY EMPLOYER

Employment Application

Date: _____ Social Security Number: _____

Last Name: (Maiden if applicable) _____ First Name: _____ Middle Initial: _____

Home Phone: _____ Business Phone: _____

Street Address: _____ City, State, Zip: _____

Length of time at this address? _____ Years _____ Months _____

Are you a resident of Knox County? _____ Yes _____ No _____

Are you over the age of twenty? _____ Yes _____ No _____

(If "No", hire is subject to verification of minimum legal age)

Position Desired: _____ Salary Requirements: _____

Do you want to work: Full Time Part Time Temporary Other

Days and Hours available: _____

How did you learn about this position?

Have you ever filed an application with us before? Yes / No

If yes, give date _____

Have you ever been employed with us before? Yes / No

If yes, give date _____

Do you have relatives or friends employed at this facility? Yes / No

If yes, give name _____

(Continued)

In Case of Emergency Notify:

Name

Number

Currently licensed or certified in the State of Illinois as: _____

Certificate or license #: _____

[COPY OF Current License or Certification Must be Provided Before Hiring Decision is Final]

Education:

School name and Location:

Course of Study:

Number of Years Completed

Degree or Diploma

Applicants are required to submit to finger print check

Certain felony convictions or misdemeanor theft are an automatic bar to employment. Some disqualifying offenses will be considered for a rehabilitation waiver. However, false statements or withholding information or certain convictions can result in your being barred from appointment or removal from employment.

Are you able to safely, psychically or otherwise, perform the job for which you are applying?

Yes No

If no, describe limitations: (All candidates are subject to a pre-employment physical exam.)

Promptness in arriving at the beginning of ones designated shift is vital. Will you be able to arrive to work on a timely basis? Yes No If not, please explain:

(Continued)

Some portions within departments require travel. Whether use of personal auto or county vehicle. If the position for which you are applying requires travel, answer the following.

Do you have a valid Drivers License? _____ Yes _____ No

Drivers License Number _____

EMPLOYMENT RECORD: Please give accurate and complete full-time and part-time employment information. Start with current employer.

Company Name: _____ Telephone: _____

Employer Address: _____ Employed (Month/Year): _____

Name of Supervisor: _____ From _____ To _____

Job Title and Work Description: _____

Reason for Leaving: _____

Company Name: _____ Telephone: _____

Employer Address: _____ Employed (Month/Year): _____

Name of Supervisor: _____ From _____ To _____

Job Title and Work Description: _____

Reason for Leaving: _____

Company Name: _____ Telephone: _____

Employer Address: _____ Employed (Month/Year): _____

Name of Supervisor: _____ From _____ To _____

Job Title and Work Description: _____

Reason for Leaving: _____

(Continued)

Company Name: _____ Telephone: _____

Employer Address: _____ Employed (Month/Year): _____

Name of Supervisor: _____ From _____ To _____

Job Title and Work Description: _____

Reason for Leaving: _____

May we check with your present employer? _____ Yes _____ No
If no, state reason:

List other skills, experiences, qualifications or volunteer work that will improve your ability to perform the position you seek.

(Continued)

The Federal Immigration Act, passed in November 1986, now requires all employers to document the identity and monition eligibility for employment of every person hired, whether citizen or alien. Identity and employment eligibility must be established before hiring decisions can be finalized. To establish identity – employment eligibility:

PRESENT ONE OF THE FOLLOWING DOCUMENTS

- United States Passport
- Certificate of United States Citizenship
- Unexpired Foreign Passport with Attorney General Unexpired Authorization for U.S. Employment
- Resident Alien Card or Other Alien Registration Card with Photograph

OR

ONE DOCUMENT FROM EACH CATEGORY BELOW

IDENTITY

- Driver’s license or other state issued ID card with a photograph, or information, including name, sex, date of birth, height, weight, and color of eyes.
- U.S. Military Card
- Other documents approved by Attorney General

EMPLOYMENT ELIGIBILITY

- Original Social Security Card
- Birth Certificate Issued by state, county, or municipal authority (Hospital Certificates are not valid)
- Unexpired INS Employment Authorization

Initial _____ I understand the County of Knox will hire only authorized workers as explained above.

Initial _____ If requested I can provide proof of identity and work eligibility.

Signature

Date

This Documentation Process will be a standard procedure for all Knox County Applicants. Employers who do not comply with the law may be penalized. You cannot be discriminated against because of nation origin or citizenship. Knox County is an equal opportunity employer.

(Continued)

References

List three persons who we may contact who are not related to you and who have a definite knowledge of your qualifications for the position for which you are applying.

Name: _____ Phone _____

Street Address _____ City, State, Zip: _____

Relationship: _____ Occupation _____

Name: _____ Phone _____

Street Address _____ City, State, Zip: _____

Relationship: _____ Occupation _____

Name: _____ Phone _____

Street Address _____ City, State, Zip: _____

Relationship: _____ Occupation _____

(Continued)

ATTENTION: THIS STATEMENT MUST BE SIGNED

Read the following statements carefully before you sign this application.

I certify that all of the statements contained in this application are true, complete, and correct to the best of my knowledge and belief. I understand that any false or misleading information or omission of information from this application may prevent my employment or may be cause for dismissal or disciplinary action if hired.

I herby authorize the County of Knox and any agent acting on its behalf to conduct an inquiry into any job-related information contained in this application, including academic background. I authorize all current (unless otherwise noted on application) employers, past employers, schools and others to give or verify any information regarding my employment, qualifications or background. I hereby release the County of Knox, its employees, officers and agents as well as all individuals who provide information to the County of Knox as a result of this job application from any and all liability for any damage I may suffer as a result of the release of this information.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at this time.

Signature

Date

Knox County Nursing Home is proud to be part of the Pioneer Network in long term health care. A component of being “pioneers” is resident centered care. The desire of the resident is first and foremost in all that we accomplish in providing care to numerous challenges of our home. Some of our residents come to live with us with the pets that they have endeared themselves to while they resided home. All of the animals that reside with us maintain proper health records including current and up to date vaccinations. Therefore in order to inform you of our workplace and home, please understand that if you suffer from allergies or phobias concerning animals, you need to understand during this application process that animals reside with us and will continue to do so if they are found to meet all the requirements of a safe environment for all. This information memo is given to you on the basis of awareness to the environment in which you desire an employment opportunity and does not prohibit you from making application for work. Please sign below as acknowledgement of your right to know.

Signature

Date