



MISERICORDIA HEART OF MERCY



6300 N. Ridge, Chicago, IL 60660-1017, (773) 273-3038
FAX (773) 973-4292 ■ www.misericordia.org

Application for Employment

TO APPLICANT: We deeply appreciate your interest in our organization. Thank you for taking time to complete this application. Complete employment history and personal references are required. Incomplete applications will not be processed.

(PLEASE PRINT CLEARLY)

PERSONAL

Date _____

Name _____
Last First Middle

For checking prior records, provide other names under which you have worked or attended school

Social Security No. _____ Telephone No. _____

Cell Phone No. _____ Work No. _____ Email Address _____

Address _____
No. Street Apt. # City State Zip

Best Time To Contact You At Home: _____ At Work: _____

Position(s) applied for _____ Pay expected _____

Type of employment desired: Full Time [40 hrs/wk] ___ Part Time [30 hrs/wk] ___ Relief [less than 30 hrs/wk] ___

Shift desired: Days (7a-3p) ___ Evenings (3p-11p) ___ Nights (11p-7a) ___

Have you ever applied to Misericordia? Yes ___ No ___ If yes, list the month/year _____

Were you previously employed by us? Yes ___ No ___ If yes, when? _____

List friends and/or relatives currently (or previously, if known) employed here _____

If your application is considered favorably, on what date will you be available for work? _____

How were you referred (Newspaper, Employee Referral (include name), Website, College Posting, Other): _____

Have you ever been convicted of any criminal offense other than a minor traffic violation?

Yes ___ No ___ If yes, please give the conviction date and nature of the offense.

If your answer is "yes", you will not automatically be disqualified from employment consideration, except as required by state or federal law.

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List below present and past employment, beginning with your most recent.

EMPLOYMENT HISTORY

Name and Address of Company	From		To		Hourly Starting Rate	Hourly Final Rate	Reason for Leaving	Name of Supervisor
	Mo.	Yr.	Mo.	Yr.				
	Describe the work you did:							
City	May we contact your employer? Yes ___ No ___							
State Zip Code								
Telephone								

Name and Address of Company	From		To		Hourly Starting Rate	Hourly Final Rate	Reason for Leaving	Name of Supervisor
	Mo.	Yr.	Mo.	Yr.				
	Describe the work you did:							
City	May we contact your employer? Yes ___ No ___							
State Zip Code								
Telephone								

Name and Address of Company	From		To		Hourly Starting Rate	Hourly Final Rate	Reason for Leaving	Name of Supervisor
	Mo.	Yr.	Mo.	Yr.				
	Describe the work you did:							
City	May we contact your employer? Yes ___ No ___							
State Zip Code								
Telephone								

Name and Address of Company	From		To		Hourly Starting Rate	Hourly Final Rate	Reason for Leaving	Name of Supervisor
	Mo.	Yr.	Mo.	Yr.				
	Describe the work you did:							
City	May we contact your employer? Yes ___ No ___							
State Zip Code								
Telephone								

RECORD OF EDUCATION

School	Name and Address of School	Course of Study	Circle Last Year Completed				Did you Graduate?	List Diploma or Degree
			1	2	3	4		
High School								
College								
College								
Other								

PROFESSIONAL LICENSES AND/OR CERTIFICATIONS

YOU ARE CURRENTLY: Registered Licensed Certified

YOU ARE ELIGIBLE FOR: Registration Licensure Certification

If Licensed, Registered, or Certified	Type:	State Issued:	Date Issued:	Expiration Date:	Number:
	Type:	State Issued:	Date Issued:	Expiration Date:	Number:
	Type:	State Issued:	Date Issued:	Expiration Date:	Number:

THREE PERSONAL REFERENCES (No Relatives)

NAME	(Complete Mailing Addresses) ADDRESS (Include City/State/Zip)	PHONE NUMBER

ATTENDANCE AND PUNCTUALITY INFORMATION

CONSISTENT ATTENDANCE AND PUNCTUALITY ARE ESSENTIAL REQUIREMENTS OF EVERY JOB WITH THIS ORGANIZATION. IS THERE ANYTHING, WHICH WOULD INTERFERE WITH YOUR REGULAR ATTENDANCE AND PUNCTUALITY IF YOU WERE OFFERED A JOB WITH THE ORGANIZATION? Yes No

If yes, please explain:

POSITION CRITERIA

ARE YOU WILLING TO PROVIDE CARE TO INDIVIDUALS SUCH AS:

Helping individuals who are unable to toilet themselves. Yes No

Helping individuals who are unable to feed themselves. Yes No

ARE YOU WILLING TO ASSIST INDIVIDUALS THAT HAVE BEHAVIORAL CHALLENGES IF:

There is a possibility that an individual may hit, kick, or bite you. Yes No

Someone exhibits inappropriate sexual behavior or uses profanity. Yes No

ARE YOU WILLING TO ASSIST INDIVIDUALS THAT HAVE PHYSICAL CHALLENGES BY:

Lifting and/or assisting individuals that are non-ambulatory. Yes No

Learning to use mechanical devices to assist individuals. Yes No

Swimming with residents is a requirement of most positions. Are you willing to be in a 4ft deep pool with residents 1 hour per day? Yes No

If No, reason:

Are you able to lift 40 pounds by yourself and over 40 pounds with assistance from another person? Yes No

We are a 24 hr/day, 365-days/year facility – working weekends and some holidays is a reality. Are you able to work three (3) weekends (Saturday & Sunday) per month? Yes No

Do you have a valid driver's license? Yes No **** This is not a job requirement ****

No matter what shift you are applying for, much of the required training takes place during the hours of 7:00am and 5:00pm (but no longer than 8 hours per day) Monday through Friday.

Are you available during those times to attend the required training? Yes No

SIGNATURE

APPLICANT CERTIFICATION AND RELEASE. ALL APPLICANTS MUST READ AND SIGN BELOW:

I certify that all information I have provided in order to apply for and secure work with Misericordia is true, complete, and correct.

This application for employment should be considered active for a period of time not to exceed 60 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 that time.

If I am hired, I understand that my employment relationship with Misericordia is of an “at will nature”. This means I am free to resign at any time, with or without cause and without prior notice. Misericordia reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. It is further understood that this “at will” employment relationship may not be changed by any written documentation. I understand that no supervisor or representative of Misericordia is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the Administrator.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, may be sufficient cause to (i) cancel further consideration of this application,) (ii) immediately discharge me from Misericordia, whenever it is discovered.

I expressly authorize, without reservation, Misericordia, its representatives, employees, or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities, and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume, or job interview. I hereby waive any and all rights and claims I may have regarding Misericordia Home, its agents, employees or representatives, for seeking, gathering, and using such information in the employment process and all other persons, corporations, or organizations for furnishing such information about me.

I understand that I will be required to provide the following documentation at the time of my first interview: Driver’s License or State ID, Social Security Card or Birth Certificate, INS authorization to work (if applicable), and a certified copy of high school transcripts or certified copy of a GED certificate and/or college transcripts.

Misericordia is a Smoke-Free and Drug-Free environment. I understand that I must successfully pass a drug screen before I can begin employment. If I am hired, I authorize Misericordia to obtain the results of the drug screen, and notify me of the outcome.

Misericordia considers applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT CERTIFICATION AND RELEASE

My signature on this document certifies that I have read, fully understand, and accept all terms of the foregoing Applicant Certification and Release Statement.

Date: _____ Signature: _____