



# MISERICORDIA HEART OF MERCY



6300 N. Ridge, Chicago, IL 60660-1017, (773) 273-3038  
FAX (773) 973-4292 ■ [www.misericordia.org](http://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 previous records, provide other names by which you have been known  
\_\_\_\_\_

Address \_\_\_\_\_  
No. Street Apt. # City State Zip

Telephone No. \_\_\_\_\_ Cell Phone No. \_\_\_\_\_

Preferred No. to call: Home or Cell Best Time to contact you: \_\_\_\_\_

Email Address: \_\_\_\_\_

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 relatives and/or friends currently (or previously) employed here \_\_\_\_\_

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

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

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

## EMPLOYMENT HISTORY

Please List Company	From		To		Position Held	Reason for Leaving	Name of Supervisor
	Mo.	Yr.	Mo.	Yr.			
Name							
Address	Describe the work you did:  May we contact your employer? Yes ___ No ___						
City							
State                      Zip Code							
Telephone							

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	Mo.	Yr.	Mo.	Yr.			
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Name							
Address	Describe the work you did:  May we contact your employer? Yes ___ No ___						
City							
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
High School  or GED			1	2	3	4		
College			1	2	3	4		
College			1	2	3	4		
Other			1	2	3	4		

## PROFESSIONAL LICENSES AND/OR CERTIFICATIONS

YOU ARE CURRENTLY:       Registered     Licensed     Certified

YOU ARE ELIGIBLE FOR:     Registration     Licensure     Certification

<b>If Licensed, Registered, or Certified</b>	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**

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

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

**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

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

**Residents use the pool for swimming and recreation on a daily basis. Applicants do not have to know how to swim, but should be comfortable in the water. Water safety training is provided. Are you willing and able to be in a 4ft deep pool with residents 1 hour per day?**  Yes  No

**If No, reason:**

**We are a 24 hr/day, 365-days/year facility: Working weekends ( 1 weekend off per month) and some holidays is a requirement of most positions.. Weekends include Saturday & Sunday. Are you able to comply with the weekend and holiday requirement?**

Yes  No

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

## 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 that I am not employed for any specific duration, and 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. 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 specifically authorize Misericordia to conduct a criminal background check of me as part of this application process. 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, if Misericordia makes an offer of employment, I will be required to provide the following documentation during an employment screening appointment: I-9 related documents indicating you are authorized to work in the United States and a certified copy of high school transcripts or certified copy of a GED certificate and/or college transcripts.

Misericordia is a Smoke-Free, Alcohol-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: \_\_\_\_\_