

NAME/LAST, FIRST, MIDDLE

POSITION

DATE



Employment Application



5605 East Rockton Road | Roscoe, IL 61073-7601 | (815) 525-4000
www.NorthPointeHealth.org

WORK EXPERIENCE

| | | | | |
|---|------|----|----------------------|---|
| LIST NAME ADDRESS AND PHONE NUMBER OF PREVIOUS EMPLOYERS WITH CURRENT EMPLOYER FIRST. ATTACH ADDITIONAL PAGES IF YOU NEED MORE SPACE. | FROM | TO | IMMEDIATE SUPERVISOR | LAST SALARY Hourly, monthly or yearly |
|---|------|----|----------------------|---|

| | | | | |
|--|--|--|--|--|
| JOB TITLE: _____ | | | | |
| EMPLOYER NAME: _____ PHONE: _____ | | | | |
| ADDRESS: _____ | | | | |
| DUTIES: _____ | | | | |
| REASON FOR LEAVING: _____ | | | | |
| MAY WE CONTACT YOUR PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | |

| | | | | |
|-----------------------------------|--|--|--|--|
| JOB TITLE: _____ | | | | |
| EMPLOYER NAME: _____ PHONE: _____ | | | | |
| ADDRESS: _____ | | | | |
| DUTIES: _____ | | | | |
| REASON FOR LEAVING: _____ | | | | |

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|-----------------------------------|--|--|--|--|
| JOB TITLE: _____ | | | | |
| EMPLOYER NAME: _____ PHONE: _____ | | | | |
| ADDRESS: _____ | | | | |
| DUTIES: _____ | | | | |
| REASON FOR LEAVING: _____ | | | | |

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|-----------------------------------|--|--|--|--|
| JOB TITLE: _____ | | | | |
| EMPLOYER NAME: _____ PHONE: _____ | | | | |
| ADDRESS: _____ | | | | |
| DUTIES: _____ | | | | |
| REASON FOR LEAVING: _____ | | | | |

REFERENCES

| |
|--|
| LIST OTHER REFERENCES. INCLUDE PHONE NUMBER AND HOW YOU KNOW THEM: |
| |
| |

U.S. MILITARY AND VOLUNTEER SERVICE

| |
|--|
| DID YOU SERVE IN THE U.S. ARMED SERVICES? <input type="checkbox"/> NO <input type="checkbox"/> YES WHAT BRANCH? |
| HAVE YOU VOLUNTEERED YOUR TIME OR SERVICES? <input type="checkbox"/> NO <input type="checkbox"/> YES WHERE? |

REMARKS

WHY ARE YOU PARTICULARLY SUITED FOR THIS JOB?

Empty table area for remarks.

PLEASE READ THE FOLLOWING VERY CAREFULLY BEFORE SIGNING:

NorthPointe Health and Wellness is an Equal Opportunity Employer and does not unlawfully discriminate in the recruitment or employment of its employees in the basis of race, color, ancestry, national origin, creed, sex, marital status, age, sexual orientation, physical or mental handicap, membership in a reserve component of state or national military forces, or arrest or conviction record. No question on this application is intended to secure information to be used for any unlawfully discriminatory purpose.

I certify that the statements in this application are true and complete. I understand that any misstatement or omission of fact shall be sufficient cause for denial of employment or summary dismissal at any time during my employment. I consent to investigation by NorthPointe Health and Wellness of all information supplied by me and all references and previous employers to secure additional information. I release from any and all liability all representatives of NorthPointe Health and Wellness for their acts performed in good faith in connection with evaluation of my application, credentials and qualifications.

I understand that NorthPointe Health and Wellness is a drug and smoke-free environment, and that any offer of employment is contingent upon the satisfactory completion of a physical examination which includes a drug screen and investigation of my work record and references. I understand that nothing contained in this employment application, granting of an interview, any policies, procedures, or handbooks prepared by NorthPointe Health and Wellness creates an employment contract between NorthPointe Health and Wellness and myself. I understand that if I am employed by NorthPointe Health and Wellness, my employment can be terminated by either NorthPointe Health and Wellness or me at will, with or without cause, and with or without notice, at any time. No one other than the president of NorthPointe Health and Wellness has authority to make any agreement for employment which varies from the terms specified in this application.

DATE _____ SIGNATURE _____

Applications are retained for 90 days.

FOR OFFICE USE ONLY

Table with fields: DATE INTERVIEWED, JOB OFFERED, DEPARTMENT, STATUS, SALARY, STARTING DATE, REFERENCES CHECKED AND BY WHOM.