

# Application for Employment



## Sterling Rock Falls Clinic, Ltd.

101 East Miller Road Sterling, IL 61081  
 (815) 625-4790 Fax: (815) 632-5801

PERSONAL DATA

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

E-Mail Address(es): \_\_\_\_\_

Position Applied For: \_\_\_\_\_ Salary Desired: \_\_\_\_\_

Date Available for Employment: \_\_\_\_\_ Would you accept another position: Yes \_\_\_\_\_ No \_\_\_\_\_

Are you willing to work: Yes \_\_\_\_\_ No \_\_\_\_\_ Indicate applicable work skills:

Overtime (Over 40 hrs/wk): \_\_\_\_\_

Typing (WPM): \_\_\_\_\_

On call: \_\_\_\_\_

Shorthand (WPM): \_\_\_\_\_

Rotating shifts: \_\_\_\_\_

Word processor system(s): \_\_\_\_\_

Nights: \_\_\_\_\_

Transcription: Yes \_\_\_\_\_ No \_\_\_\_\_

Weekends (Sat. & Sun.): \_\_\_\_\_

Other job related skills: \_\_\_\_\_

Holidays: \_\_\_\_\_

Travel: \_\_\_\_\_

Are you applying for: Full time \_\_\_\_\_ Part time \_\_\_\_\_ Temporary \_\_\_\_\_

How were you referred to Sterling Rock Falls Clinic, Ltd.? \_\_\_\_\_

Have you ever been employed by this organization? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what position(s): \_\_\_\_\_

Date(s) of employment: \_\_\_\_\_

Department: \_\_\_\_\_

Are you willing to provide necessary documentation to establish your identity and your authorization to work in the United States under the Immigration Reform and Control Act of 1986? Yes \_\_\_\_\_ No \_\_\_\_\_

Please explain any commitments that you may have to another employer that might affect your employment with us:

\_\_\_\_\_

\_\_\_\_\_

Since reaching age 18, have you ever been convicted of a misdemeanor or felony? (Note: convictions will not necessarily bar you from employment but are reviewed as related to the relevancy of the job for which you have applied.) Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

Do you have any military service? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please list dates served: \_\_\_\_\_

Branch of service: \_\_\_\_\_ Highest rank obtained: \_\_\_\_\_

EDUCATION

School Name and Address	Course of Study	Circle Last Year Completed	Did you graduate?	Diploma/Degree
High School		1 2 3 4	Yes No	
College		1 2 3 4	Yes No	
College		1 2 3 4	Yes No	
Tech, Business		1 2 3 4	Yes No	

Professional Licenses / Certifications	State	Expiration Date	Registration Number

PREVIOUS EXPERIENCE

Please list name, address, and phone number of previous employers with most recent first. Periods of unemployment should be included.

Start Date

End Date

Immediate Supervisor

Last Salary - Hourly, Monthly, Yearly

Job title: \_\_\_\_\_

Employer name address and phone number: \_\_\_\_\_

Duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Job title: \_\_\_\_\_

Employer name address and phone number: \_\_\_\_\_

Duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Job title: \_\_\_\_\_

Employer name address and phone number: \_\_\_\_\_

Duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

REFERENCES

May we perform an employment check from the employers listed above? Yes \_\_\_\_\_ No \_\_\_\_\_

Has notice been given to present employer? Yes \_\_\_\_\_ No \_\_\_\_\_

Is any additional information relative to change in name necessary to check your work history? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

Please list references (not relatives or employers) to contact who are acquainted with your work history:

Name	Title / Occupation	Company / Address	Phone Number

REMARKS

Please include any additional information you think would be helpful to us in considering you for employment, such as additional work experience, publications, activities, accomplishments, etc. (You may exclude all information indicative of age, sex, race, religion, color, national origin, handicap, or marital status.)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I hereby affirm that the information provided on this application (and accompanying resume, if any) is true and complete to the best of my knowledge. I also agree that falsified information or significant omissions may disqualify me from further consideration for employment and may be considered justification for dismissal if discovered at a later date.

I understand that my employment with the Sterling Rock Falls Clinic, Ltd. can be terminated, with or without cause, at any time at the discretion of the employer or myself. I understand that no management official of the Sterling Rock Falls Clinic, Ltd. other than the administrator of the Sterling Rock Falls Clinic, Ltd. has any authority to enter into any agreement contrary to the foregoing or to make any oral assurance or promise of continued employment to me.

I authorize persons, schools, my current employer (if applicable), and previous employers and organizations named in this application (and accompanying resume, if any) to provide any relevant information that may be required to arrive at an employment decision.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_