

THOREK MEMORIAL HOSPITAL

850 W Irving Park Road
Chicago, Illinois 60613

APPLICATION FOR EMPLOYMENT

Thorek Hospital is an equal opportunity employer and does not discriminate against race, color, religion, physical or mental impairment, national origin, sex, ancestry, age or veteran status.

Please Print

Positions Desired <input type="checkbox"/> Full time <input type="checkbox"/> Part Time 1. _____ 2. _____ 3. _____	How were you referred? <input type="checkbox"/> Tribune <input type="checkbox"/> Careerbuilder <input type="checkbox"/> Thorek Website <input type="checkbox"/> Location of Hospital <input type="checkbox"/> Advance Magazine <input type="checkbox"/> Other Please Specify: _____ <input type="checkbox"/> Thorek Employee Name: _____
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Personal Data

Name		Social Security Number	
Street Address		Apt/ Unit #	Telephone #
City	State	Zip	
Have You Ever Worked For Us Before? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, When?			
If Thorek Hospital should extend an offer of employment to you, could you furnish proof of U.S. Citizenship or the legal right to work the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are there any reasons that you physically cannot perform any of the essential functions of the job for which you have applied, with or without reasonable accommodations? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If Yes, what can be done to accommodate your limitation?			
Please disclose where you have any contagious diseases that might prevent or impede you from holding a position requiring direct patient contact. If you have any such condition, please disclose the nature of the condition.			
Have you ever been convicted of a felony or a misdemeanor? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Are you willing to work any shift? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, what shift(s) can you work? <input type="checkbox"/> Days <input type="checkbox"/> PMs <input type="checkbox"/> Nights
As a condition of continued employment, do you realize that it may be necessary for you to work on weekends, holidays or shift rotation? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Employment History

Previous Employers List Most Recent First	Company Name	Street	City	Phone Number
	Job Title	Start Date	Date Left	
	Reason for Leaving	Supervisor's Name		Supervisor's Title
Previous Employers List Most Recent First	Company Name	Street	City	Phone Number
	Job Title	Start Date	Date Left	
	Reason for Leaving	Supervisor's Name		Supervisor's Title
Previous Employers List Most Recent First	Company Name	Street	City	Phone Number
	Job Title	Start Date	Date Left	
	Reason for Leaving	Supervisor's Name		Supervisor's Title
Previous Employers List Most Recent First	Company Name	Street	City	Phone Number
	Job Title	Start Date	Date Left	
	Reason for Leaving	Supervisor's Name		Supervisor's Title

Professional & Technical Information

Are You Currently Registered

Are You Eligible For Registry Will Take Board Exams _____

If licensed or registered, please provide

State of Registry	Registration Number	Other States in Which Registered

Additional Information

<p><u>Specialized Hospital Experience</u></p> <p><input type="checkbox"/> Nursing Supervisor <input type="checkbox"/> Security Guard</p> <p><input type="checkbox"/> Registered Nurse <input type="checkbox"/> Inhalation Therapist</p> <p><input type="checkbox"/> Practical Nurse <input type="checkbox"/> Radiology</p> <p><input type="checkbox"/> Nursing Assistant <input type="checkbox"/> X-Ray Tech</p> <p><input type="checkbox"/> Orderly <input type="checkbox"/> Physical Therapy</p> <p><input type="checkbox"/> Food Service <input type="checkbox"/> Medical Transcriptionist</p> <p><input type="checkbox"/> Chef/Cook <input type="checkbox"/> Medical Record Clerk</p> <p><input type="checkbox"/> Housekeeping <input type="checkbox"/> Medical Secretary</p> <p><input type="checkbox"/> Laundry <input type="checkbox"/> Clinical Pharmacy</p> <p><input type="checkbox"/> Lab Tech <input type="checkbox"/> Purchasing</p> <p><input type="checkbox"/> Engineer <input type="checkbox"/> Admitting</p>	<p><u>Specialized Office Experience</u></p> <p><input type="checkbox"/> Typing <input type="checkbox"/> Calculator</p> <p><input type="checkbox"/> Dictation <input type="checkbox"/> Billing Machine</p> <p><input type="checkbox"/> Bookkeeping <input type="checkbox"/> Clerical Work</p> <p><input type="checkbox"/> Record Filing <input type="checkbox"/> Data Entry</p> <p><input type="checkbox"/> Addressograph <input type="checkbox"/> Credit/Collections</p> <p><input type="checkbox"/> CRT <input type="checkbox"/> Cashier</p> <p><input type="checkbox"/> Adding Machine <input type="checkbox"/> Copy Machine</p> <p><input type="checkbox"/> Mailing Clerk <input type="checkbox"/> Switchboard</p> <p><input type="checkbox"/> Word Processing <input type="checkbox"/> Other</p> <p><u>Additional Work Experience</u></p> <p><input type="checkbox"/> Electrician <input type="checkbox"/> Air Conditioning</p> <p><input type="checkbox"/> Carpenter <input type="checkbox"/> General Maintenance</p> <p><input type="checkbox"/> Painter/ Plasterer <input type="checkbox"/> Warehouse</p> <p><input type="checkbox"/> Plumber <input type="checkbox"/> Maintenance</p> <p><input type="checkbox"/> Grounds Keeper <input type="checkbox"/> Other</p>
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	Name and Address of School	Course of Study	Circle Last Year Completed				Did you Graduate?	List Diploma or Degree Received
			1	2	3	4		
High School			1	2	3	4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College			1	2	3	4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Graduate School			1	2	3	4	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Other:

Business College or Other Special Courses – Include Special Military Training

Other Skills:

List any other skills that you consider relevant to your ability to perform the job you are applying for, such as: individual courses, adult education, awards, certificates, professional affiliations, scholarships, patents or publications.

Please use this space to comment about your special abilities, special work you have done or work you would like to do.
