



**APPLICATION FOR  
EMPLOYMENT**  
(Please Print Clearly)

3601 S Harlem  
Berwyn, IL 60402-3219  
708-749-4160  
708-749-2462 – Fax  
www.courtyard-hc.com

Confidential

<b>Personal Information</b>		Date of Application _____	Date Available _____
Name _____	_____	_____	Social Security Number _____
	Last	First	Middle
Present Address _____	_____	_____	_____
	Street	City	State Zip Code
Permanent Address (If Different than Present Address) _____	_____	_____	_____
	Street	City	State Zip Code
If you cannot be reached at the above number, where may we contact you?		Name of Person _____	Phone _____

<b>Employment Desired</b>			Will You Accept Employment of: <input type="checkbox"/> Full Time? <input type="checkbox"/> Part Time? <input type="checkbox"/> Temporary?
Type of Work Desired	Shift	Salary	Are You 18 Years of Age or Older? <input type="checkbox"/> Yes <input type="checkbox"/> No
First Choice			Are You Employed Now? <input type="checkbox"/> Yes <input type="checkbox"/> No
Second Choice			May We Contact Your Present Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Third Choice			How Did You Learn Of This Opening: _____

<b>Education</b>	Circle Highest	9	10	11	12	Scholastic Honors Received: _____
	Grade Completed	13	14	15	16	

	Name of School	Location (City, State)	Course Taken	Completed	Type of Degree or Certificate Received
High School				<input type="checkbox"/> No <input type="checkbox"/> Yes	
College				<input type="checkbox"/> No _____/____/____ <input type="checkbox"/> Yes Date	
Vocational or Business				<input type="checkbox"/> No _____/____/____ <input type="checkbox"/> Yes Date	
Professional Education				<input type="checkbox"/> No _____/____/____ <input type="checkbox"/> Yes Date	
Laboratory or X-Ray Training				<input type="checkbox"/> No _____/____/____ <input type="checkbox"/> Yes Date	

Extracurricular Activities While in School \_\_\_\_\_

Member of Professional Organizations \_\_\_\_\_

Honors Received, Volunteer or Community Service or Other Qualifications You Have Which You Feel Are Related to the Position for Which You Are Applying: \_\_\_\_\_

Were you in the U.S. Armed Forces?  Yes  No If yes, what branch? \_\_\_\_\_

Dates of Duty: From \_\_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_\_/\_\_\_\_/\_\_\_\_ Rank at Discharge \_\_\_\_\_

Month Day Year Month Day Year

**Employment Record (list last or present position first)**

Present and Former Employers	Dates Employed	Salary Range	Position & Duties
Name _____ Address _____ City/State/Zip _____ Supervisor _____ Phone _____	From _____ To _____	Starting _____ Ending _____	_____ _____ _____
Name _____ Address _____ City/State/Zip _____ Supervisor _____ Phone _____	From _____ To _____	Starting _____ Ending _____	_____ _____ _____
Name _____ Address _____ Supervisor _____ Phone _____ Supervisor _____ Phone _____	From _____ To _____	Starting _____ Ending _____	_____ _____ _____
Name _____ Address _____ City/State/Zip _____ Supervisor _____ Phone _____	From _____ To _____	Starting _____ Ending _____	_____ _____ _____
Name _____ Address _____ City/State/Zip _____ Supervisor _____ Phone _____	From _____ To _____	Starting _____ Ending _____	_____ _____ _____
Name _____ Address _____ City/State/Zip _____ Supervisor _____ Phone _____	From _____ To _____	Starting _____ Ending _____	_____ _____ _____

If your former employment references, education or military service are under a name other than indicated on front of application, please indicate below.

\_\_\_\_\_  
 Last First Middle Initial

Use this space to give us further information which will assist us in placing you, including at least two personal references not related to you, whom you have known at least one year.

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

Professional Licenses and/or Certifications				Verif.
Type	Organization or State Issued	Date Issued	Number	
Type	Organization or State Issued	Date Issued	Number	
Type	Organization or State Issued	Date Issued	Number	

Please Indicate Days and Hours You Are Available for Work (Be Specific)			Availability Record
Day	From	To	
Sunday	A.M.	A.M.	Primary position desired _____ Will you accept another position? <input type="checkbox"/> Yes <input type="checkbox"/> No
	P.M.	P.M.	
Monday	A.M.	A.M.	If so, what? _____  Weekends? <input type="checkbox"/> Yes <input type="checkbox"/> No
	P.M.	P.M.	
Tuesday	A.M.	A.M.	Are you available to work: Holidays? <input type="checkbox"/> Yes <input type="checkbox"/> No Rotating Shifts? <input type="checkbox"/> Yes <input type="checkbox"/> No
	P.M.	P.M.	
Wednesday	A.M.	A.M.	If your availability changes, it is your responsibility to fill in an "Availability Card" indicating the changes. Such changes will be effective, then for any future employment.
	P.M.	P.M.	
Thursday	A.M.	A.M.	I understand that emergency conditions may require me to temporarily work shifts other than the one for which I am applying and agree to such scheduling change as directed by my department head or administrator of this institution.
	P.M.	P.M.	
Friday	A.M.	A.M.	
	P.M.	P.M.	
Saturday	A.M.	A.M.	
	P.M.	P.M.	

**Employment Understanding (Please Read and Sign)**

This institution does not discriminate in hiring or any other decision on the basis of race, color, sex, citizenship, national origin, ancestry, Vietnam era veteran status, or on the basis of age or physical or mental disability unrelated to ability to perform the work required. No question on this application is intended to secure information to be used for such discrimination.

I voluntarily give this institution the right to make a thorough investigation of my past employment and activities, agree to cooperate in such investigation and release from all liability or responsibility all persons, companies or corporations supplying such information. I consent to take the physical examination, and such future physical examinations as may be required by this institution at such times and places as the institution shall designate. I understand that an offer of employment may be contingent on passing the physical examination which relates to the essential duties I would be required to perform.

I understand that my employment is at will, and that either party is free to terminate the employment relationship at any time without cause. I also understand that my employment may be terminated for any misstatement or omission of fact appearing on this application form.

If employed, I will be required to complete an Employment Verification Form (I-9), and within three days show satisfactory evidence of identity and eligibility for employment.

\_\_\_\_\_  
Applicant's Signature \_\_\_\_\_ Date