



**EDUCATION**

	Elementary School	High School	Technical School	College	Other
School Name and Location					
Years Completed	4 5 6 7 8	9 10 11 12	1 2	1 2 3 4	1 2 3 4
Diploma Degree		Yes No	Yes No	Yes No	
Major Course(s) of Study					
Summarize special skills and training not listed above:					
Describe honors received:					
Professional Licenses and Certificates	Type:	State Issued:	Date Issued:	Expires On:	Number:
List professional, trade, business, or civil activities and offices held. You may exclude memberships which may reveal sex, race, religion, national origin, age, or disability or other protected status.					

**REFERENCES**

Give names, addresses, and telephone numbers of three business references who are not related to you.

1. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

2. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

3. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**PRIOR WORK EXPERIENCE (\*THIS SECTION MUST BE COMPLETED EVEN IF SUBMITTING A RESUME\*)**

1. Employer	Dates Employed		Work Performed
Address	From	To	
Telephone Number(s)	Annual Salary or Hourly Rate		
Job Title	Start	Final	
Supervisor's Name	\$	\$	
Reason for Leaving			

2. Employer	Dates Employed		Work Performed
Address	From	To	
Telephone Number(s)	Annual Salary or Hourly Rate		
Job Title	Start	Final	
Supervisor's Name	\$	\$	
Reason for Leaving			
3. Employer	Dates Employed		Work Performed
Address	From	To	
Telephone Number(s)	Annual Salary or Hourly Rate		
Job Title	Start	Final	
Supervisor's Name	\$	\$	
Reason for Leaving			
4. Employer	Dates Employed		Work Performed
Address	From	To	
Telephone Number(s)	Annual Salary or Hourly Rate		
Job Title	Start	Final	
Supervisor's Name	\$	\$	
Reason for Leaving			

**\*\*If you need additional space, please continue on the back of this employment application\*\***

**SPECIAL SKILLS & QUALIFICATIONS**

Summarize special job-related skills and qualifications acquired from employment or other experience.

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Have you ever had any job-related training? Yes    No

If yes, please describe and give date: \_\_\_\_\_

Are you able to perform the essential functions of the job with or without reasonable accommodation? Yes    No

State any additional information you feel may be helpful to us in considering your application.

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**PLEASE READ BEFORE SIGNING**

I certify that the answers given herein are true and complete to the best of my knowledge. I also authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written documentation or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false, incomplete or misleading information given in my application or interview(s) may result in denial of employment, or if employed, immediate discharge from employment. I understand, also, that I am required to abide by all rules and regulations of the Employer.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Rolling Meadows  
NURSING & REHABILITATION