

APPLICATION FOR EMPLOYMENT

903 North Logan Avenue
Danville, Illinois 61832
(217) 709-0920



LAKEVIEW
COLLEGE OF NURSING

An Affirmative Action
Equal Opportunity Employer

- **Only employment applications with all sections COMPLETED will be accepted.**

Position(s) desired: _____
(Specific Job Titles) _____

Salary Expected: _____

Date Available for Work: _____

☐ Full-time ☐ Part-time ☐ Clinical Adjunct

Are you available to work evenings? ☐ Yes ☐ No

Are you available to work weekends? ☐ Yes ☐ No

Name: _____ Social Security No. _____ - _____ - _____

Address: _____
Street City State and Zip Code

E-mail address: _____

Phone Number(s) where you may be reached: Home _____ Cell _____ Work _____

In case of emergency, notify:

Name: _____ Relationship: _____ Phone #: _____

Are you over 18 years of age? ☐ Yes ☐ No Are you lawfully eligible to work in the U.S. ☐ Yes ☐ No

Have you ever been convicted of a felony? ☐ Yes ☐ No

If yes, explain _____

Have you been previously employed by the College? ☐ Yes ☐ No When? _____

Name and relatives employed at Lakeview College of Nursing? _____

EDUCATION

High School

Name_____ Address_____

Did you graduate? ☐Yes ☐No Year_____ GED? ☐Yes ☐No Year_____

Major of Studies_____

College

Name_____ Address_____

Did you graduate? ☐Yes ☐No Year_____

Major of Studies_____

College

Name_____ Address_____

Did you graduate? ☐Yes ☐No Year_____

Major of Studies_____

Other (specify)

Name:_____ Address_____

Major of Studies_____

Name: _____ Address_____

Major of Studies_____

Special Qualifications (Include technical and professional licenses, academic and professional awards, publications, public speaking, professional or scientific societies, etc.)

Do you contain an active license for a registered nurse? ☐Yes ☐No If so, please list.

State Issued: _____ Date: _____ No.: _____

State Issued: _____ Date: _____ No.: _____

List Health Care, Business or Industrial Equipment operated:_____

EMPLOYMENT List all present and past employment beginning with the most recent first.

May we contact your present employer? ☐ Yes ☐ No

Employer's Name: _____ From _____ To _____

Address: _____ Phone No. _____

Job Title: _____

Briefly describe the nature and duties of your position: _____

Reason for Leaving: _____

Name & Title of Supervisor: _____

Employer's Name: _____ From _____ To _____

Address: _____ Phone No. _____

Job Title: _____

Briefly describe the nature and duties of your position: _____

Reason for Leaving: _____

Name & Title of Supervisor: _____

Employer's Name: _____ From _____ To _____

Address: _____ Phone No. _____

Job Title: _____

Briefly describe the nature and duties of your position: _____

Reason for Leaving: _____

Name & Title of Supervisor: _____

Employer's Name: _____ From _____ To _____

Address: _____ Phone No. _____

Job Title: _____

Briefly describe the nature and duties of your position: _____

Reason for Leaving: _____

Name & Title of Supervisor: _____

Are you currently under contract with any educational institution? ☐ Yes ☐ No

If so, are they aware of this application? Explain _____

REFERENCES List 3 references

NAME AND RELATIONSHIP	TITLE	COMPANY NAME & ADDRESS	TELEPHONE

ALL APPLICANTS MUST READ AND SIGN BELOW

The information contained in this application is accurate and complete to the best of my knowledge and belief. I understand that any misrepresentation of fact, as stated or implied, given in my application, interview(s) or any other employment form or document provided to Lakeview College of Nursing may be sufficient reason not to hire me or may be reason for dismissal.

I understand employment will be subject to the conditions of the probationary period established by the College in accordance with the Probationary Policy for a minimum of 90 days.

I understand and agree that Lakeview College of Nursing or its authorized representative may investigate all information furnished in this application. I waive any right I may have to notice from any individuals and organizations named or referred to in this application prior to the release of any employment information to Lakeview College of Nursing. I hereby authorize all individuals in organizations named or referred to in this application and any law enforcement organization to give Lakeview College of Nursing all information that relates to or is requested during the college's investigation, and I hereby release those individuals, organization and Lakeview College of Nursing from any and all liability for any claim or damage resulting thereof.

I understand that, if I am hired, I am required to abide by all policies and procedures set forth by Lakeview College of Nursing. I further understand that Lakeview College of Nursing's policies and procedures and all employment terms and conditions are subject to modification without notice.

I also understand that no one has any authority to enter into any agreement, contract or modification of the understandings expressed in this statement unless it is in writing and signed by the College Chief Executive Officer. If hired, I understand that nothing shall restrict my right as an employee or the right of Lakeview College of Nursing as an employer to terminate my employment at any time for any reason.

I hereby acknowledge that I have read the above statement and I understand and accept it:

Signature of Applicant

Date

MEDICAL

I consent to any medical examination required by the College at any time to determine my ability to perform the essential job functions of any job at Lakeview College of Nursing. I understand that my employment *may* be conditioned upon the results of the physical evaluation.

DRUG/ALCOHOL

I understand that I *may* be required to satisfactorily complete an alcohol/drug screening as a condition of employment for any specified period of time. Positive test results will result in withdrawal of employment offer. I understand the College also conducts random drug screens.

Signature of Applicant

Date