



Petersen Health Care
830 W. Trailcreek Dr.
Peoria, IL. 61614
Application for Employment

Please Print

Name in Full Last First Middle Initial

Address Street City State Zip

Social Security # Telephone # () - Date / /

Position Desired

Training/Qualifications for this Position

Professional License/Cert. # Type State

List License/Certs in other States

Shift Desired Other Shift(s) Able to Work

Why do you choose to work in Long Term Care?

Where Currently Employed?

Reason for Desiring Change

Other Training/Experience/Hobbies to Consider in Job Placement

Have you ever been employed by a Petersen Health Care Facility? Yes No

If yes, which Facility?

May we share this application with other Petersen Health Care facilities? Yes No

In case of Emergency Notify...

Name Relationship

Address Phone



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Education

Name and Location of Schools Colleges Attended	Major Subject	Did you Graduate	College Degree

Former Employers and Experience (References)

Name and Address	Telephone Number	Nature of Experience	Dates of Employment	Wage	Reason for Leaving
			/		
			/		
			/		
			/		

Personal References (not Relatives)

Name	Address	Phone	Business

I understand that Petersen Health Care is An EQUAL OPPORTUNITY EMPLOYER. I understand that I will be required to have a physical examination if employed. I understand that if I have falsified any information on this application, and enter into employment Petersen Health Care, I may be immediately terminated upon discovery of the falsification. Petersen Health Care may seek references from the list above. All employees of Petersen Health Care will be subject to an Illinois State Police background check. Employees requiring State Certification and registration on the Illinois Healthcare Workers Registry will be required to have and ISP "fingerprint background check" at no cost to the employee. Non-certified staff not requiring licensure by the Illinois Department of Professional Regulation will be required to have an ISP "fingerprint background check". I understand that the cost of the background check will be deducted from my first paycheck when required. No person may be employed by Petersen Health Care if he/she has been convicted of any offense listed in the Illinois Healthcare Worker's Background Check Act.

Applicant Signature _____ **Date** ____/____/____

(Applicant Please DO NOT Write in Space Below)

Interviewed by _____ for Position _____

Results of Reference Check _____

Date of Reference Check _____

Called Dept. Ed & Train ____/____/____ Result _____ Sent for Cert Letter ____/____/____

Date to Start Work ____/____/____ Department _____ Position _____

Compensation Rate \$ _____ Full/Part Time _____

Sent for Background Check ____/____/____ Nurse Aid Registry Confirm # _____

Disqualifying conditions: **Yes No** (circle one)