

**BELMONT NURSING HOME, INC.**  
**a/k/a BELMONT CROSSING OF LAKEVIEW**

**EMPLOYMENT APPLICATION**

Today's Date: \_\_\_\_\_ Position Applying For \_\_\_\_\_ Shift: \_\_\_\_\_

How did you hear about this position? \_\_\_\_\_

Date you can begin working if you are hired? \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Zip \_\_\_\_\_

Cell Phone # \_\_\_\_\_ Home Phone # \_\_\_\_\_

Email \_\_\_\_\_ Birthdate \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_

Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

**EDUCATION and TRAINING**

High School			
Name	Location (City, State)	Year Graduated	Degree Earned
College/University			
Name	Location (City, State)	Year Graduated	Degree Earned
Vocational/Specialized Tr.			
Name	Location (City, State)	Year Graduated	Degree Earned

**PERSONAL REFERENCE**

Name \_\_\_\_\_ Name \_\_\_\_\_

Relationship \_\_\_\_\_ Relationship \_\_\_\_\_

Phone \_\_\_\_\_ Phone \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**EMPLOYMENT HISTORY**

Employer \_\_\_\_\_

Address \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_

Job Title & Duties \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Employer \_\_\_\_\_

Address \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_

Job Title & Duties \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Employer \_\_\_\_\_

Address \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_

Job Title & Duties \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Have you ever been convicted of a FELONY? YES \_\_\_\_\_ NO \_\_\_\_\_

The State of Illinois requires that all employees either be registered on the IDPH HEALTHCARE REGISTRY or you must be fingerprinted (at your expense).

I attest that all of the information that I have provided on this application is correct and true and if any information is found to be untrue, it will be cause for my immediate termination.

The relationship between you and BELMONT NURSING HOME is referred to as “employment at will”. This means that your employment can be terminated at any time for any reason, with or without cause, with or without notice, by you or Belmont Nursing Home. You understand that your employment is “at will”, and that you acknowledge that no oral or written statements or representations regarding your employment can alter your at-will employment status, except for a written statement signed by you and either the Executive Director or the President of the Nursing Home.

Signature \_\_\_\_\_ Date \_\_\_\_\_